

COURIER SERVICES:

☐ MOTORCYCLE

☐ CAR

FREIGHT FORWARDING:

☐ SEA

☐ AIR

☐ LAND
(VIA BUS)

☐ TRUCKING TRANSPORT

TYPE OF TRUCK: _____

☐ OTHERS

ADMINISTRATIVE DEPARTMENT

NAME OF EMPLOYEE				DATE REQUESTED			
DEPARTMENT				<input type="checkbox"/> ONE WAY: PHP _____	<input type="checkbox"/> MULTIPLE DROP-OFFS	TOTAL AMOUNT	
				<input type="checkbox"/> TWO WAY: PHP _____	PHP _____	PHP _____	
SERVICE DETAILS							
DATE OF TRANSPORT	NAME OF TRANSPORT SERVICE	PICK- UP LOCATION	DROP-OFF LOCATION	QTY	ITEMS TO BE TRANSPORTED		
PREPARED BY		ENDORSED BY			APPROVED BY		
Employee's Signature <small>(Signature over Printed Name)</small>		Immediate Superior <small>(Signature over Printed Name)</small>			KATHLEEN REYES, MHM, DBA Chief Operating Officer		
DATE SIGNED:		DATE SIGNED:			DATE SIGNED:		

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