



**REQUEST FOR
MESSENGERIAL SERVICES**

Ref. No. _____

Date of Request: _____

Date Needed: _____

Pls. check appropriate box:

- ☐ Delivery of Documents
☐ Pick-up of Documents
☐ Check Collection
☐ Bills Payment
☐ Courier Service
☐ Mailing of Letters
☐ Others, pls. specify _____

DESTINATION:

- ☐ DepEd
☐ SSS
☐ PhilHealth
☐ Pag-Ibig
☐ PLDT
☐ Globe/Smart/Sun
☐ LBC/TNT/DHL/PhilPost
☐ Meralco/Manila Water/SkyCable
☐ Others, specify agency/company _____

Description of Document/
Package Details

Charged to: _____

Requested by: _____

Name & Signature

Noted by: _____

Authorized Representative/
Unit Head/Manager

For PGSU use only:

Acknowledged Receipt:

Received by: _____

Date Received: _____

Date Completed: _____

Name & Signature

Date

To be filled out by requisitioner

How would you rate our services using the ratings below?

- ☐ **5 - Excellent** (exceeds expectations)
☐ **4 - Very satisfactory** (above standard & exceeds minimal expectations)
☐ **3 - Satisfactory** (meets standard & shows average performance)
☐ **2 - Unsatisfactory** (below standard & does not meet expectations)
☐ **1 - Poor** (fails to achieve expected results & deficient in meeting minimum expectation)

Comments/remarks _____

F-GSU-26

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