

FLIGHT BOOKING REQUEST FORM

REASON FOR TRAVEL:

☐ BMI EVENT ☐ TRAINING ☐ VISIT ☐ SPONSORSHIP
☐ EXTERNAL EVENT ☐ DEMO ☐ TROUBLESHOOTING ☐ OTHERS _____

ADMINISTRATIVE DEPARTMENT

TYPE OF BOOKING: ☐ NEW BOOKING ☐ REBOOKING ☐ CANCELLATION

REASON FOR REBOOKING OR CANCELLATION:

NAME OF TRAVELER	BIRTHDATE	DEPARTURE DATE & TIME	DESTINATION (FROM-TO)	AMOUNT	RETURN DATE & TIME	DESTINATION (FROM-TO)	AMOUNT	TOTAL AMOUNT
WITH LUGGAGE:		<input type="text"/> Y <input type="text"/> N	Kg No.	AMOUNT	<input type="text"/> Y <input type="text"/> N	Kg No.	AMOUNT	
GRAND TOTAL								

REMARKS:

PREPARED BY	ENDORSED BY	APPROVED BY	BOOKED BY
<p>Employee's Signature (Signature over Printed Name)</p> <p>DATE SIGNED:</p>	<p>Immediate Superior (Signature over Printed Name)</p> <p>DATE SIGNED:</p>	<p>PRESIDENT / VICE-PRESIDENT</p> <p>DATE SIGNED:</p>	<p>Executive Assistant</p> <p>DATE OF BOOKING:</p>

BMI-FORM-ADM-005

Biosite
MEDICAL INSTRUMENTS

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