

**REASON FOR TRAVEL:** 

## FLIGHT BOOKING REQUEST FORM

BMI EVENT	TRAINING	VISIT	SPONSORSHIP	ADMINISTRATIVE DEPARTMENT					
TYPE OF BOOKING:	DEMO  NEW BOOKING	TROUBLESHOOTING REBOOKING CANCE	OTHERS	REASON FOR	REBOOKING OR CANCE	LLATION:			
NAME OF TRAVELER		DEPARTURE DATE & TIME	DESTINATION (FROM-TO)	AMOUNT	RETURN DATE & TIME	DESTINATION (FROM-TO)	AMOUNT	TOTAL AMOUNT	
		5/112 @ 111112	(i itom 10)		DATE & TIME	(FROM-10)			
		WITH LUGGAGE:	YN	Kls No.					
						GRA	ND TOTAL		
REMARKS:									
PREPARED BY		ENDORSED BY		APPROVED BY		BOOKED B	BOOKED BY		
				KATHLEEN REYES, MHM, DBA		\ \ \ \	NOVA ROSE VALDEZ		
Employee's Signature (Signature over Printed Name)		Immediate Superior (Signature over Printed Name)		Chief Operating Officer			Executive Assistant		
DATE SIGNED:		DATE SIGNED:			DATE SIGNED:		DATE OF BOOKING:		