

## FLIGHT BOOKING REQUEST

BMI EVENT TRAINING	VISIT	SPONSORSHIP			ADMI	NISTRATIVE	DEPARTMENT	
EXTERNAL EVENT DEMO	TROUBLESHOOTING	OTHERS						
TYPE OF BOOKING: NEW BOOKING			REASON FOR I	REBOOKING OR CAI				
NAME OF TRAVELER	DEPARTURE DATE & TIME	DESTINATION (FROM-TO)	AMOUNT	RETURN DATE & TIME	DESTINATION (FROM-TO)	AMOUNT	TOTAL AMOUNT	
	WITH LUGGAGE:	Y_N	Kls No.					
					GRA	AND TOTAL		
REMARKS:								
PREPARED BY	ENDORSED BY		APPROVED BY		BOOKED I	BOOKED BY		
Employee's Signature	Immediate	Superior		EN REYES, MHM, I f Operating Officer		NOVA ROSE		
(Signature over Printed Name)	(Signature over P	rinted Name)				Executive Assistant		
DATE SIGNED: BMI-FORM-ADM-005	DATE SIGNED:		DATE SIGNED:		DATE OF BO	DATE OF BOOKING:		
Biosite  MEDICAL INSTRUMENTS  REASON FOR TRAVEL:				FLIGHT	BOOKIN	NG RE	QUEST FORM	
MEDICAL INSTRUMENTS	visit[	sponsorship		FLIGHT	•			
MEDICAL INSTRUMENTS  REASON FOR TRAVEL:  BMI EVENT TRAINING EXTERNAL EVENT DEMO	TROUBLESHOOTING	OTHERS			ADMIN		FORM	
MEDICAL INSTRUMENTS  REASON FOR TRAVEL:  BMI EVENT TRAINING	TROUBLESHOOTING CANC	OTHERS	REASON FOR F	REBOOKING OR CAN	ADMIN		FORM	
MEDICAL INSTRUMENTS  REASON FOR TRAVEL:  BMI EVENT TRAINING EXTERNAL EVENT DEMO	TROUBLESHOOTING	OTHERS	REASON FOR F		ADMIN		FORM	
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DATE SIGNED:

DATE OF BOOKING:

DATE SIGNED: BMI-FORM-ADM-005 DATE SIGNED: