FLIGHT RESERVATION FORM PROJECT SITE

TO : TRAVEL DESK



PARTICULARS OF AF	PPLICANT			
NAME				SITE :
DESIGNATION				
DEPARTMENT/				
PROJECT				Important Notice : The Form requires the authorised signatory of - at least any one(1) of the Director or Executive Directors or
DATE REQUEST				Executive Chairman(Group 1)
EXT NO.			S	ite Office - either two(2) General Managers OR one(1) General Manager & one(1) Project Manager(Group 2)
FOR ACCT. OF	Head Office	Project	**	** Without either one(1) of the GROUP signature, Reservation and / or
r entrice ii ei	nead Office	Project		Payment will not be made or will not be approved.
• FLIGHT DETAIL REQUEST (Please fill up this form accordingly)				
Return	One Way			
DEPARTURE DATE			RETURN DA	TE
TIME			TIME	
DESTINATION			DESTINATIO	N
LUGGAGE			LUGGAGE	
• IF NECESSARY				
TRANSPOR	RT :	DESTINATIO	N:	TOTAL (RM) :
BUS	CAB	FROM:		
TRAIN	FERRY	TO:		
• PARTICULARS OF PERSON TRAVELING				
	Γ			
NAME:				NATIONALITY:
DESIGNATION :				DATE OF BIRTH :
MyKad/PASSPORT:				HANDPHONE NO :
NAME:				
DESIGNATION :				NATIONALITY:
				DATE OF BIRTH:
MyKad/PASSPORT :				HANDPHONE NO :
NAME :				MATIONALITY
DESIGNATION :				NATIONALITY:
MyKad/PASSPORT:		EVDIDY		DATE OF BIRTH:
myradii A33i OKi .		EXPIRY	DATE:	HANDPHONE NO :
PURPOSE: (STRICTLY T	O BE FILLED UP)			
REQUEST	FD BY	CERTIFIEL	OBY	APPROVED BY
— REQUEST		IMMEDIATE SU		DIRECTOR / CEO / GCEO
Name : Date :		Name : Date :		Date :
Duto.		/ Duito.	/ '	

^{**} Person who request for cancellation of flight (without valid reason) shall be liable to the Cancellation or Administrative Fees charged by the Air Career, if any.