

# FLIGHT RESERVATION FORM PROJECT SITE

TO : TRAVEL DESK

## PARTICULARS OF APPLICANT

NAME	
DESIGNATION	
DEPARTMENT / PROJECT	

DATE REQUEST				
EXT NO.				
FOR ACCT. OF	Head Office		Project	

SITE :

**\*\* Important Notice :** The Form requires the authorised signatory of  
**HQ** - at least any one(1) of the Director or Executive Directors or Executive Chairman(Group 1)  
**Site Office** - either two(2) General Managers **OR** one(1) General Manager & one(1) Project Manager(Group 2)  
**\*\*\* Without either one(1) of the GROUP signature, Reservation and / or Payment will not be made or will not be approved.**

## • FLIGHT DETAIL REQUEST (Please fill up this form accordingly)

Return		One Way	
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DEPARTURE DATE	
TIME	
DESTINATION	
LUGGAGE	

RETURN DATE	
TIME	
DESTINATION	
LUGGAGE	

## • IF NECESSARY

TRANSPORT :	DESTINATION :	TOTAL ( RM ) :
<div>BUS <input type="checkbox"/></div> <div>CAB <input type="checkbox"/></div> <div>TRAIN <input type="checkbox"/></div> <div>FERRY <input type="checkbox"/></div>	<div>FROM :</div> <div>TO :</div>	

## • PARTICULARS OF PERSON TRAVELING

NAME : DESIGNATION : MyKad/PASSPORT :	NATIONALITY : DATE OF BIRTH : HANDPHONE NO :
NAME : DESIGNATION : MyKad/PASSPORT :	NATIONALITY : DATE OF BIRTH : HANDPHONE NO :
NAME : DESIGNATION : MyKad/PASSPORT : EXPIRY DATE :	NATIONALITY : DATE OF BIRTH : HANDPHONE NO :

PURPOSE : ( STRICTLY TO BE FILLED UP )

REQUESTED BY  Name : Date :	CERTIFIED BY IMMEDIATE SUPERIOR  Name : Date :	APPROVED BY DIRECTOR / CEO / GCEO  Date :
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