ABI TRAVEL BOOKING FORM: INTERNATIONAL

Please send completed form to abi-travel@list.bioeng.auckland.ac.nz

- Does this trip contain ANY personal travel? You must request a comparative quote for work-related dates*

- Is accommodation provided by the conference at a discounted rate? See note on pg2**

- UoA Travel insurance covers International flights and accommo but it does not cover car rental

DATE	
TITLE	
NAME (AS PER PASSPORT)	

1. PURPOSE OF TRAVEL (include dates for each destination)

2. DOES YOUR TRIP CONTAIN ANY PERSONAL TRAVEL?   Yes ☐*   No ☐

If yes, you are required to obtain a WORK-RELATED DATES QUOTE for comparative purposes (dates should be arrival 1 day before conf/mtg, and depart 1 day after conf/mtg). The ABI will pay the equivalent of this amount towards your actual itinerary. Contact your travel agent to pay for any personal costs (ASAP once you have confirmed your booking).

*YOU MUST REQUEST A WORK-RELATED DATES COMPARATIVE QUOTE HERE:

WORK-RELATED DATES FLIGHT 1 (for comparative cost purposes only)

Departure date	Departure time
From	To

WORK-RELATED DATES FLIGHT 2 (for comparative cost purposes only)

Departure date	Departure time
From	To

3. FLIGHTS

Check-in Baggage required?   Yes ☐   No ☐
Preferred Airline/s:
Is your travel funded by a United States Federal Grant (eg. NIH)?   Yes ☐   No ☐
If yes, you must use US air carriers or US codeshare flights as per the Fly America Act **OR** complete a Certificate of Exception. For more information and forms see Orbit Travel Portal>Policy Info.

FLIGHT 1

Departure date	Departure time
From	To
Fare type	Flight flexibility

FLIGHT 2

Departure date	Departure time
From	To
Fare type	Flight flexibility

Departure date	Departure time
From	To
Fare type	Flight flexibility

Departure date	Departure time
From	To
Fare type	Flight flexibility

Departure date	Departure time
From	To
Fare type	Flight flexibility

4. HOTEL

City	Hotel name
Check-in date	Check-out date
Check-in time	Check-out time
Room type	Star rating

**If conference accommodation is supplied via conference registration at a discounted group rate, please contact abi-travel@list.bioeng.auckland.ac.nz to book and pay for this with the ABI credit card.

5. CARS

PICK-UP DETAILS

Car type	
Pick-up date	Pick-up time
Pick-up city	Pick-up location

DROP-OFF DETAILS

Drop-off date	Drop-off time
Drop-off city	Drop-off location

6. NOTES

UoA FUNDING APPROVAL (HoD, Project Grants, FRDF, PBRF, PReSS etc)

Grant Name:	Cost centre:	Project number:	Product code (if appl):

Comments: (ie. split funding details)

Name of Grant holder / Line manager: (print)	Signature of Grant holder / Line manager: (or attach email approval)	Date:

- ABI Staff: remember to apply for conference leave online via Peoplesoft HR