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| **Request Type:** | New  Revision |
| **Request Date** (*mm/dd/yyyy*)**:** | **/****/** |
| **Company Name** |  |



**Altair Relocation / Assignment Travel Request**

This Travel Request form must be received by your Altair Consultant at least 2 business days prior to advance purchase deadline in order for your relocation or assignment travel to be booked. Altair will confirm receipt of your Travel Request within 1 business day of receipt. Altair will work with Carlson Wagonlit Travel to secure travel reservations. Travel may only be booked in accordance with your relocation/assignment travel guidelines. Exceptions are subject to client approval prior to ticketing. Please note that you may be contacted by a Carlson Wagonlit Travel representative to secure a personal form of payment for hotels booked via this Travel Request.

NOTE: TSA requires travelers provide full name (as shown on government-issued ID, date of birth, gender and Redress Number (if available), as part of the Secure Flight program for air travelers. For more information, go to the TSA website, <http://www.tsa.gov/what_we_do/layers/secureflight/index.shtm>.

**Employee Information**

|  |  |  |
| --- | --- | --- |
| Name  Sandeep Desai | Altair File Number  2018-01755 | Altair Consultant Name  Erin Cheong |
| Preferred Phone Number | Alternate Phone Number | Email Address  sandeep4774@gmail.com |

**Traveler Information**

|  |  |  |  |  |  |  |  |  |  |  |
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| ***Full Legal Name***  *(as shown on government issued ID)* | | | **Gender** | **Date of Birth**  *(mm/dd/yyyy)* | **Relationship to Employee** | **Country of Citizenship** | ***Required for International Travel Only*** | | | **Redress Number**  (*if applicable*) |
|  | | |  |  |  |  | **Country of Passport Issuance** | **Passport Number**  *(International)* | **Passport Expiry Date**  (*International*)  *(mm/dd/yyyy)* |  |
| **First** | **Middle** | **Last** |  |  |  |  |  |  |  |  |
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**Requested Air Travel**

*\*Airfare will be billed directly to Altair.\**

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|  | **Travel Type**  (*use “Return Trip” for Home Leave*) | **Date of Departure**  (*mm/dd/yyyy*) | **Preferred**  **Departure Time** | **Departure City**  (*or Airport Code*) | **Arrival City**  (*or Airport Code*) | **Preferred**  **Airline** | **Preferred**  **Flight #** | **Comments** |
| **Outbound**  **Flight(s)** |  |  |  |  |  |  |  |  |
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| **Return**  **Flight(s)** |  |  |  |  |  |  |  |  |
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Note: If any circumstance pertaining to you, your family, luggage, or pets requires special assistance during air travel, please advise your Altair Consultant upon submission of this Travel Request form.

**Requested Car Rental Reservations**

*\*Car Rentals will require a personal form of payment at the pick-up location.\**

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| **Travel Type**  (*use “Return Trip” for Home Leave*) | **Pick Up Location**  (*if other than airport*) | **Pick Up**  **Date**  (*mm/dd/yyyy*) | **Return**  **Date**  (*mm/dd/yyyy*) | **Special Requests** |
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Note: Car Rental reservations (including car size, amenities, and options) will be booked in compliance with your relocation/assignment travel standards, unless prior exception approval has been verified and documented with your Altair Consultant.

**Requested Hotel Reservations**

*\*Hotel reservations will require a personal form of payment. If a hotel reservation is requested, a Carlson Wagonlit Travel representative will be in contact. Please ensure your best contact number has been provided, above.\**

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| **Travel Type**  (*use “Return Trip” for Home Leave*) | **Check-In**  **Date**  (*mm/dd/yyyy*) | **Check-Out**  **Date**  (*mm/dd/yyyy*) | **Preferred**  **Hotel/Brand** | **Preferred**  **Area/Location** | **Special Requests** |
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**Travel Commentary**

* Below, please provide any additional detail which you feel will assist Altair and/or Carlson Wagonlit Travel in fulfilling your travel request in a timely manner.
* If any circumstance pertaining to you, your family, luggage, or pets requires special assistance during air travel, please advise your Altair Consultant upon submission of this Travel Request form.
* Personal Preferences (i.e. seating, smoking and other accommodations) and Membership Rewards programs *may* be honored for travel direct billed to Altair or reimbursed by your company, if additional costs are not incurred.

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**Review this form for accuracy prior to submission.**

**\*\*\***

**Incomplete information on the Travel Request may result in booking delays.**

**\*\*\***

**Business trips are not applicable to this form and should be coordinated in compliance with your company’s business travel procedures.**

**\*\*\***

**Changes or cancellations due to inaccurate information may result in additional cost.**

**E-mail this completed Travel Request form to your Altair Consultant.**

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| **For Altair Use Only** |
| Trip ID(s): |