Dependent Travel Form

Instructions

You are required to submit this form to the GPM Team every time you log a Help Desk Ticket to avail a fly back for any of your family members.

- Submit the completed form to the GPM Team by logging a Helpdesk ticket under **People** Success <Travel / Visa (for India people)>
- All travelers must complete Sections A and B If you need Tickets & Insurance, complete Section-
- Please mention the names and details separately (as 1 and 2) in case more than one person is traveling.
 - o If you have any questions, ask the GPM Team:
 - Log a Helpdesk Ticket under People Success < Travel / Visa (for India people)>
 - o Visit our GPM intranet site. The address for the same is given below:-
 - o http://peopleportal/PolicyHowTo/TravelRelocation/Travel/Pages/default.aspx

SECTION A

Mandatory Information

(To be filled / verified by the approver)

Purpose of the Trip:
PID Number:
Europea Ammanaria Nama
Expense Approver's Name:
PID Valid until (DD MM YYYY):
<u>Note:</u> Billability information, please fill appropriate information below if the associated cost is Billable to client or fully Non-Billable to client (project is absorbing all cost) or Non-Billable–Built into rates & deals (project is not directly billing to the client but all the associated cost is built into the rates & deals).
Visa Cost (Billable / Non Billable – Built into rates & deals)
Airfare (Billable / Non Billable – Built into rates & deals)
Insurance (Billable / Non Billable - Built into rates & deals)

 $Per\ Diems\ (\hbox{Billable}\ /\ \hbox{Non Billable}\ /\ \hbox{Non Billable}\ -\ \hbox{Built into rates \& deals})$

Any Other Comments

Certification

Please read the following, and indicate your understanding by checking the box.

I certify that all information provided in this form is true, accurate and complete to the best of my knowledge and belief and nothing material has been concealed there from

SECTION B

General Information
(All travelers must complete)

Dependent's / Traveler's Details

SI. No.	Traveler's Name (as per Passport) First/Middle/Surname	Relationship with Sponsor	Gender (M / F)	Passport number / Nationality	Date of birth (DD/MMM/YYYY)	Passport Expiry Date (DD/MMM/YYYY)	Do you need a travel Visa? Specify country. If NO, kindly provide the current holding visa type and issuance & expiry date
1							
2							
<u>3</u>							

Traveler's current location

Traveler's contact number

Sponsor's Details

Sponsor's Name (Sapient's Employee Name)
Sponsor's official email ID
Sponsor's Project
Sponsor's Director Project Manager (in Host Country)
Sponsor's Director Project Manager (in Home Country)
Sponsor's Current Visa Type (Country and Type)
Sponsor's Visa Expiry Date (MM DD YY)
Traveling to Sapient's Office (Specify which one)
Traveling to Client Site (Give name and Address)
Sponsor's Address in the Host Country (If Sponsor is already in the Host Country)
Travel & Visa Expenses Paid by (Sapient / Self)

SECTION C
Information for Ticketing & Insurance
(Please complete this Section if your dependent is traveling to Host Country)

Fravel Start Date (Please specify morning or evening)
Travel Return Date (Please specify morning or evening)
Current Residential Address (India)
Mobile Number
Seat and Meal Request Please specify your Preference)
Frequent Flyer no. if any
Do you require Travel Insurance? (Y/ N)
Nominee's Name for Insurance Person claiming insurance amount in case of mishap)
Relationship with Nominee