# TRAVEL REQUEST FORM

This form must be completed for every travel request - Air tickets, Accommodation and/or Vehicle Rentals

**For your convenience, email a copy of your ID, Driver's Licence and Passport (if applicable) with your first travel request**

<table>
<tr><th colspan="3">PROCESS</th></tr>
<tr><td colspan="3">PLEASE COMPLETE AND SIGN THE FORM ELECTRONICALLY (SAVE PAPER)</td></tr>
<tr><td colspan="3">Complete ALL the requested information relevant to your travel requirements. Fields marked with * are not required</td></tr>
<tr><td colspan="3">Travelling HOD's - the form must still be completed in full (signed by you as you don't need further approval) and emailed to the Travel Consultant.</td></tr>
<tr><td>Administrative Employees</td><td>Sales Employees<br>(Consultants & Merchandisers)</td><td>Export Employees</td></tr>
<tr><td>Obtain authorisation from your Head of Department (HOD).</td><td>Obtain authorisation from your Regional Sales Manager.<br>If your Regional Sales Manager is unable to sign, please send the completed form to the Operational Sales Manager for verification, approval, and signature on behalf of the Regional Sales Manager.<br>The Operational Sales Manager will then email it to the Travel Consultant.</td><td>Obtain authorisation from your Head of Department (HOD).<br>If your HOD is unable to sign, please send the completed form to the International Sales Coordinator for verification, approval, and signature on behalf of the HOD.<br>The International Sales Coordinator will then email it to the Travel Consultant.</td></tr>
<tr><td colspan="3">The Travel Consultant is Louret van Jaarsveld. Her email address: louret.vanjaarsveld@travelcounsellors.co.za</td></tr>
<tr><td colspan="3">We realise that there are good relationships with certain accommodation establishments that provide beneficial rates. Provide the details of these establishments for us to continue supporting them. Providing their rates are in line with our S&T Allowances/Travel Policy.</td></tr>
</table>

Send to:
louret.vanjaarsveld@travelcounsellors.co.za

## PERSONAL DETAILS

| | | | | | |
|---|---|---|---|---|---|
| Full Names: | | Surname: | | ID Number: | |
| Cellphone number: | | e-mail address: | | | |
| Department: | | Passport Number: | | | |
| Reason for travel: | | | | | |
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## TRAVEL INFORMATION

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|---|---|
| Trip Start Date: | |
| Trip End Date: | |

| DEPARTING FLIGHT | | | | | | | |
|---|---|---|---|---|---|---|---|
| Date | Depart from (City/Airport) | Airline* | Flight Number* | Seat | Departure time | Arrival time | More information |
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| CAR RENTAL | | | | | | | |
|---|---|---|---|---|---|---|---|
| Collection Date | Collection Time | Group Type | Collection Location | Return Date | Return Time | Confirmation Number* | More information |
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| ACCOMMODATION | | | | | | | |
|---|---|---|---|---|---|---|---|
| Check in Date | Check in Time | Name of establishment* | Address* | City/Town | Check out Date | Check out Time | More information |
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| MEETINGS AND EVENTS | | | | |
|---|---|---|---|---|
| Date | Time | Venue | Address | Purpose |
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| RETURN FLIGHT | | | | | | | |
|---|---|---|---|---|---|---|---|
| Date | Depart from (City/Airport) | Airline* | Flight Number* | Seat | Departure time | Arrival time | More info |
| | | | | | | | |
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Montego
Pet Nutrition

**AUTHORISATION**

Signature: Employee _____ Date approved _____

Manager Name _____ Signature: Manager _____

**MOTIVATION AND APPROVAL FOR REQUESTS NOT WITHIN S&T POLICY GUIDELINES**

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_____

_____ Approved and Signed: _____