



Travel Booking Request Form

To ensure your booking is processed quickly and efficiently, please assist your dedicated Phil Hoffmann Travel University Consultant, by completing the following information:

Company:	FLINDERS UNIVERSITY ADELAIDE		
Booked By:		Date of Request:	

TRAVEL COORDINATOR DETAILS			
Name:			
Branch:	<input type="checkbox"/> Flinders University Adelaide <input type="checkbox"/> Centre for Remote Health <input type="checkbox"/> Greater Health <input type="checkbox"/> Flinders Consulting		
Department:			
Email:		Direct Phone:	
Form of Payment:		Delivery Type:	
Delivery Address:			
Cost Centre Code:			

Prior to confirmation and ticketing, the Flinders University Adelaide Travel Policy requires the Travel Confirmation Form - be completed in full including correct amount as per quote, full approval code and an authorising dated signature.

PASSENGER DETAILS (as per form of identification)			
Title:		Surname:	
First Name:			
Email:		Mobile:	
Office Phone:		Other Phone:	
Travel Insurance Required:		Booking Type:	
Additional Travellers*:			

* Additional Information will be requested by your Travel Consultant

FLIGHT DETAILS						
Booking Class:		Economy	Business Class	First Class		
From	To	Flight/Airline	Date	Dep	Arr	Fare Type
Frequent Flyer #:				Frequent Flyer #:		
Meal Request:				Seat Request:		



www.phtcorporate.com.au

QUALITY – OUR LEADING EDGE

CORPORATE OFFICE
 Level 1,3 Gordon Street, Glenelg
 South Australia 5045
 Phone (08) 8179 9666 Fax (08) 8294 7113
 corporate@pht.com.au
International Destinations Pty Ltd as trustee for Phil Hoffmann Unit Trust
 Licensed Travel Agent TTA – 61818-5 ABN 70 839 306 113

CAR RENTAL DETAILS						
Car Company:				Membership #:		
Special Request:						
Pick-Up Location	Date	Time	Drop-Off Location	Date	Time	Car Type
Payment:	<i>Please select one of the two options:</i>					
Traveller to pay direct to Car Hire Company	Yes:		No:			
All Charges Back to Phil Hoffmann Travel	Yes:		No:			

ACCOMMODATION DETAILS						
Hotel Membership #:				Hotel Membership #:		
Special Requests:						
Hotel Name	City / Town	Check-in Date	Arrival Time	Check-out Date	Room Type	
Payment:	<i>Please select one of the three options:</i>					
Room Charges Only - back to Phil Hoffmann Travel	Yes:		No:			
All Charges - back to Phil Hoffmann Travel	Yes:		No:			
Client to Pay Direct on Check-out	Yes:		No:			

ADDITIONAL BOOKING INFORMATION

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Thank you for your co-operation.



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