



### 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:

<b>Company:</b>	<b>THE UNIVERSITY OF ADELAIDE</b>		
<b>Booked By:</b>		<b>Date of Request:</b>	

TRAVEL COORDINATOR DETAILS			
<b>Name:</b>			
<b>Department:</b>			
<b>Email:</b>		<b>Direct Phone:</b>	
<b>Form of Payment:</b>		<b>Delivery Type:</b>	
<b>Delivery Address:</b>			
<b>Cost Centre Code:</b>		<b>Project Code:</b>	

Prior to confirmation and ticketing, The University of Adelaide Travel Policy requires the Travel Confirmation Form - be completed in full including correct amount as per quote, full project code and cost centre.

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

\* Additional Information will be requested by your Travel Consultant

FLIGHT DETAILS						
<b>Booking Class:</b>						
From	To	Flight/Airline	Date	Dep	Arr	Fare Type
<b>Frequent Flyer #:</b>			<b>Frequent Flyer #:</b>			
<b>Meal Request:</b>			<b>Seat Request:</b>			



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**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

ACCOMMODATION DETAILS					
Hotel Membership #:			Hotel Membership #:		
Special Requests:					
Hotel Name	City / Town	Check-in Date	Arrival Time	Check-out Date	Room Type

ADDITIONAL BOOKING INFORMATION

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Thank you for your co-operation.



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