HOTEL BOOKING REQUEST

DATE : ….....

TO: HR&GA SECTION

FROM : ….....

PLEASE BOOK HOTEL AS FOLLOWS:

TRAVELER'S NAME

1 ….....

2 ….....

3 ….....

4 ….....

5 ….....

HOTEL NAME : ….....

(PLEASE SPECITY, IF NECESSARY)

TYPE OF ROOM : .....

INCLUSIVE OF …..... ABF

…..... INTERNET

…..... SMOKING ROOM …..... NON SMOKING ROOM

…..... OTHER

DATE OF CHECK IN : ….....

DATE OF CHECK OUT : ….....

NO. OF NIGHTS : ….....

PAYMENT BY :

…..... OWN ACCOUNT

…..... THE COMPANY PAY FOR ROOM CHARGE ONLY

…..... THE COMPANY PAY FOR ALL EXPENSES

APPROVED BY…..... REQUESTED BY …….....