



HEALTH SERVICES EXECUTIVE PERSONAL TRAVEL QUERY

This form should be completed and used to assist you in outlining your requirements to the BTU

PERSONAL & CONTACT DETAILS

Name
Telephone
Department
Directorate
Email Address

REQUIREMENTS

Route
From (Departure):
To: (Arrival):
Via:
No of Adults Travelling
No of Children Travelling

Briefly outline your requirements

Others travelling _____
Others travelling _____
Others travelling _____
Others travelling _____
Others travelling _____
Others travelling _____
Others travelling _____

Budget Available (Yes/No) _____
Please indicate Budget _____
Date of Departure _____
Preferred Departure Time _____
Date of Return _____
Preferred Return Time _____

ACCOMMODATION REQUIREMENTS

Will you require hotel accommodation? _____
Please indicate the city in which you require accommodation _____
Check in date _____
Check Out Date _____
Level of Accommodation required _____
Do you have an accommodation budget? _____

SPECIAL REQUIREMENTS

Please indicate if you have other special requirements, e.g. non smoking room, dietary requirements etc.
