



APPLICATION FOR STAFF TRAVEL

NAME (Mr/Mrs/Miss): STAFF No.:
 POSITION: COMMENCED:
 DEPARTMENT: PORT:
 DIVISION:
 PHONE CONTACT: WORK HOME:

I confirm that this request is in accordance with Air Niugini Staff Travel Policy and that travel is during approved leave or off-duty time.

SIGNED: DATE:

PASSENGERS TRAVELING				
SELF	CHILDREN ONLY			
	DATE OF BIRTH	SEX	AGE AT DATE OF TRAVEL	
SPOUSE				
CHILDREN				
(PARENTS)				

FULL JOURNEY						
FROM:	FLT. NO.	CLASS	DATE	REBATE	FIRM OR SUBLOAD	NOTES
TO:						
TO:						
TO:						
TO:						
TO:						
TO:						
TO:						

ADDITIONAL INFORMATION: (e.g. leave, medical, compassionate, special requests, hotel bookings required, etc.) TELEPHONE CONTACT (OR HOTEL) WHILST AWAY:	FORM OF PAYMENT	
	CREDITS	<input type="checkbox"/>
	CASH	<input type="checkbox"/>
	PX ACCOUNT	<input type="checkbox"/>
OTHER (Specify):	

STAFF TRAVEL USE ONLY	RECEIVED:	TICKETED: Nos.	PERSONNEL APPROVAL: (Special request only – e.g. medical, compassionate)
	CHECKED:	PNR REF:	
	BOOKED:		
	TTL:		

NOTE: THIS FORM MUST BE COMPLETED IN FULL