

Travel Planning Form

Name:		Date of Booking			
Company Name:					
Date travel is to commence:			Date travel is to end:		
METHOD OF TRAVEL	Air <input type="checkbox"/>	Coach <input type="checkbox"/>	STAYING IN ACCOMODATION	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hotel			Number of nights:		
Description of Tour or Travel					
Flight Details					
Outbound Journey	From	Flight Number / Time	To	Flight Duration	Class
Date					
Inbound Journey	From	Flight Number / Time	To	Flight Duration	Class
Date					
COACH HIRE	Yes <input type="checkbox"/>	No <input type="checkbox"/>	COACH STYLE	Standard <input type="checkbox"/>	Executive <input type="checkbox"/>
Pick Up Date	Drop Off Date	Number of passengers			
Luggage numbers					
Collection Address			Destination Address		
Return Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Multiple Movements Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Movements					
Movement 2					
Pick Up Date	Drop Off Date	Number of passengers			
Collection Address	Destination Address				
Movement 3					
Pick Up Date	Drop Off Date	Number of passengers			
Collection Address:	Destination Address				
Movement 4					
Pick Up Date	Drop Off Date	Number of passengers			
Collection Address:	Destination Address				
TRAVEL NOTES	A.				
	B.				
Group Leaders Name:					
Group Leaders contact number:					