



TRAVELLING REQUEST FORM

Company				
Name		NRIC		
Designation		Department		
Purpose				
Travel Period	Departure		Return	
Travel Time	From		Return	
Overnight	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Travel Mode	<input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Train <input type="checkbox"/> Flight			

FLIGHT BOOKING

Destination				
Carrier Name		Flight No.		
Departure	Date		Time	
Return	Date		Time	

Requested by	Verified by (Immediate Superior / Manager/HOD/Director)	Approved by (Director of HR)
(Signature)	(Signature)	(Signature)
Date:	Date:	Date:

Human Resource Records and Action

Budget	RM	Total Cost	RM

HR Personnel Acknowledgment
(Signature) Name: Date