

## TRAVELLING REQUEST FORM

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Company								,	
Name						NI	RIC		
Designation						De	epartme	ent	
Purpose									
Travel Perio	d	Departure					Returr	າ	
Travel Time		From					Returr	1	
Overnight		☐ Yes			] No				
Travel Mode	•	Bus			] Car		] Train		Flight
FLIGHT BOC	KING								
Destination									
Carrier Nam	е					FI	light No	).	
Departure		Date				Ti	ime		
Return		Date				Ti	ime		
Requested by			Verified by (Immediate Superior / Manager/HOD/Director)			Approved by (Director of HR)			
(Signature)  Date:			(Signature)  Date:			() Date:	<b>(Signature)</b> Date:		
Date:		•							
Date:									
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Date:	ource Re	cords and	Actio	n					
	ource Re	cords and	Actio						
	ource Re	cords and	Actio	n Total (	Cost	R	M		
Human Res	RM		Actio		Cost	R	M		
Human Res  Budget  HR Personr	RM	wledgment	Actio		Cost	R	M		
Budget  HR Personr  (S	RM nel Ackno	wledgment		Total (			M	u No. 20 I	FECTIVE DATE: 02 Jan 2021