

BOOKING FORM

Personal Information

Family name as in passport		First name as in passport	
Category of Staff	<input type="checkbox"/> IB Staff <input type="checkbox"/> Secondee <input type="checkbox"/> Family members of IB staff	<input type="checkbox"/> Consultant / Intern <input type="checkbox"/> Fellowship <input type="checkbox"/> Other Authorized Traveller	
Authorizing Directorate/entity at the UPU: Directorate: Programme:		<input type="checkbox"/> under DRH AirPlus card <input type="checkbox"/> under PTC Airplus card <input type="checkbox"/> under EMS Airplus card	
Authorizing official's e-mail address:			

Mission or travel details

Number of mission : (M26 xxx)		Budget line (ex, 411000)	
Society/Account : (UNION or FVO)		OPP budget line: E_.._.._	
Project number :	Authorized flight class		

Flight details

Outbound flight			
From airport		To airport	
Departure date		Latest arrival date	
Preferred time		Latest arrival time	
Is outbound travel date flexible?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, by how many days	+/- 1 day <input type="checkbox"/> +/- 2 days <input type="checkbox"/> +/- 3 days <input type="checkbox"/>
Return flight			
From airport		To airport	
Departure date		Latest arrival date	
Preferred time		Latest arrival time	
Is return travel date flexible?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, by how many days	+/- 1 day <input type="checkbox"/> +/- 2 days <input type="checkbox"/> +/- 3 days <input type="checkbox"/>
Next trip to the same destination? This could be used for back-to-back tickets. Please give date(s):			
Additional comments			

Train

From station		To station	
Departure date		Return date	
Preferred time		Preferred time	
One way or return	<input type="checkbox"/> One way <input type="checkbox"/> Return ticket	Half-price season card	<input type="checkbox"/> No <input type="checkbox"/> Yes, valid until:
Seat reservations	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Additional comments			

Hotel

City		Preferred location	
Date (from)		Date (to)	
Room type	<input type="checkbox"/> Single <input type="checkbox"/> Double	Non-smoking room	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional comments			