

COMPANY TRAVEL PROFILE FOR PHIL HOFFMANN CORPORATE TRAVEL

To provide the best possible service, please complete and return to Phil Hoffmann Corporate Travel at your earliest convenience.

Please complete and email/post to daniellef@pht.com.au

PLEASE FILL IN THE YELLOW AREAS & WHERE APPLICABLE MARK WITH AN 'X'.

COMPANY DETAILS	
Company Name:	
ABN:	

Location:	
Cost Centre:	
Street Number & Name:	
Suburb:	
State & Postcode:	
Postal Address:	

CONTACT DETAILS	
<i>(Please Complete Separate Sheet For Multiple Office Contacts If Applicable)</i>	
Telephone:	
Facsimile:	
Mobile:	
Toll Free:	

ASSISTANT / TRAVEL CO-ORDINATOR	
<i>(Please Complete Separate Sheet For Multiple Assistant / Travel Co-ordinator Details If Applicable)</i>	
Name:	
Telephone:	
Facsimile:	
E-Mail:	

INTERNAL BOOKING REFERENCE			
Is An Internal Company Reference Required For Travel Bookings:			
If Yes. What Is The Name Of The Reference? (Purchase Order #):			
If Validation Of Reference Is Required Please Indicate With Example:			
Is The Reference Mandatory?:	Yes:		No:

WEBRES ACCESS			
Would your company like access to our Online Domestic Booking Engine - WebRes?	Yes:		No:

WEBRES COMPANY TRAVEL POLICY COMPLIANCE			
Please advise which of the following airfare types are to appear in green as policy compliant airfares:			
Cheapest Available	Yes:		No:
Flexible Airfare	Yes:		No:
Business Class Airfare	Yes:		No:
Please advise which of the following airfare types are to appear in red as non-policy compliant airfares:			
Cheapest Available	Yes:		No:
Flexible Airfare	Yes:		No:
Business Class Airfare	Yes:		No:

CORPORATE ACCOUNT / DISCOUNT CODES	
Provider Chain Name e.g. Avis, ITT Sheraton Hotels	Company Discount Code

TRAVEL POLICY										
(PLEASE COMPLETE SEPARATE SHEET FOR MULTIPLE OFFICE CONTACTS IF APPLICABLE)										
Employee Type:	All Staff		Employee		Manager		Director		Other	
DOMESTIC COMPANY TRAVEL PREFERENCES										
Domestic Airlines:	1.				2.					
Flying Class:										
Car Company:										
Car Class:										
Car Type:										
Transmission:	Auto:				Manual:					
Air Conditioning	Yes:				No:					
INTERNATIONAL COMPANY TRAVEL PREFERENCES										
Domestic Airlines:	1.				2.			3.		
Flying Class:	First:				Business:			Economy:		
Car Company:										
Car Class:										
Car Type:										
Transmission:	Auto:				Manual:					
Air Conditioning	Yes:				No:					

BASIS OF TRAVEL ANALYSIS REPORTS			
Travel Date:		Invoice Date:	

METHOD OF PAYMENT							
Invoice Only:		Credit Card Only:		Combination:			
Copy of Tax Invoice to be sent via:	Email:		Postal:				
Invoices for the Attention of:		Email Address:					
Form of Correspondence via email:	PDF:		HTML:		Text:		RTF:

CREDIT CARDS *				
Card Type	Card Holders Name	Card Number	Expiry	* Usage

* PLEASE INDICATE CARD "USAGE" AS ONE OF THE FOLLOWING	
All Travel:	
Air Travel Only:	
Guarantee Accommodation Only:	

* If credit card is to be charged for travel, a separate authorisation form is also to be completed.

TRAVEL INSURANCE			
Are Employees Covered Under A Company Travel Insurance Policy? (If Yes Please Complete Below)	Yes:		No:
Policy Insurer:			
Policy Plan:			
Anniversary Date:			

Whilst we take every care to advise and obtain the necessary visas, travel insurance and other mandatory requirements according to your nationality, we shall not be under any liability whatsoever whether in contract for any loss, damage, inconvenience or other issues arising including but not limited to the absence of the correct documentation.