**2018 MOTORSPORT SOUTH AFRICA**

**TRAVEL REQUEST FORM**

**TO: Karin Brittion**

**EMAIL: karin@motorsport.co.za**

**TEL: 011 675 2220**

**FAX: 086 612 3460**

 **DATE:**

**Please take note of the following:**

* **Kindly include a copy of your ID or Passport. If this has been sent with a previous booking, it is not necessary to resend.**
* **All bookings done will be as per the document completed and approved by ManCom. If any booking which is already confirmed is changed and/or upgraded due to changes requested by you, these costs will be for your personal account.**
* **MSA will always book the most cost effective flight available. It is therefore the responsibility of the passenger to ensure that the request is sent to MSA well in advance of departure date to ensure that we obtain the lowest price and most suitable times available.**

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| --- | --- | --- | --- |
| Full Name and Surname**AS SHOWN IN YOUR I.D.**  |  | LandlineNumber |  |
| Email Details |  | Fax |  |
| Identification Number |  | Mobile |  |
| Meeting or Event you will be attending |  |
| Name of Commission/Committee |  |
| Date of Meeting or Event |  |
| In what capacity are you attending the Meeting/Event |  |
| ACCOMODATION REQUIRED:*Mark Appropriate option with X* |  |  | **FLIGHT Departure: (Airport)** |  | **To:****(Airport)** |  |
| TYPE OF ROOM REQUIRED*Mark Appropriate option with X* |  |
| DateIN: |  | DateOUT: |  | ± DepartTime/s: |  | Date/s: |  |
| HIRE CAR REQUIRED:*Mark Appropriate option with X* |  | **Return:****(Airport)** |  | **To:****(Airport)** |  |
| Pick UpDate: |  | Drop offDate: |  | ± DepartTime/s: |  | Date/s: |  |

|  |
| --- |
| ***FOR OFFICE USE ONLY*** |
| COST OF FLIGHT |  | **ACC. CODE:** |  |  |
| AIRLINE |  |  |  |  |
| AUTHORISATION OF CEO : |  | **DATE :** |  |
|  AUTHORISATION OF OPERATIONS MANAGER : |  |  **DATE :** |  |
| AUTHORISATION OF SPORTING MANAGER: |  | **DATE :** |  |
|  |