

Section One: Primary Tra	vener conte			
Name		Company		
Position or Title		Email		
Mobile Phone		Country	Post Code	
Emergency Contact Name			Emergency Contact Mobile	2
Do you currently promote, pack		_	Yes No	
Section Two: Primary Tra First Name	veller/s Detai	Surname	Fare Type	Internal Use Only
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additional Notes	ors Please refe	r to the timetable to determine	e the journey required.	
Additional Notes	ors Please refe	r to the timetable to determine Departure Station	e the journey required. Arrival Station	Class of travel
Additional Notes Section Three: Rail Secto				Class of travel
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Section Three: Rail Secto Train				Class of travel
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Special Requirements Additional Notes Section Three: Rail Sector Train Special Requirements Additional Notes If requested class is unavailab	Date	Departure Station	Arrival Station	Class of travel





PART B - OFFICE USE ONLY

Section Four : Booking Requested by	
Employee Name Date Phone Number	
Additional Requirements	
Fare to be charged on additional sector passengers	
 Approval: Attach approval from relevant position as per MD-17-395. Duty Travel: attach authorised MD16-159 Duty Travel Form to book the rail portion only. All other duty travel is to be sent to travel4@qr.com.au)
Confirm if this booking request is to be held or ticketed: HELD TICKETED	
Section Five : Charge Type	
Type: TRADE / AGENT MEDIA EXTERNAL COMPLIMENTARY	
Eligible criteria checked Yield approved by: (approval for premium trave	5)
Purpose	
Complimentary Travel Type FREE TRAVEL (No cost centre) RECIPROCAL BENEFIT - COST CENTRE (Cost Centre Requ	uired)
Authority for Reciprocal Benefit Travel Only (Minimum Level 4 Manager approval)	
Reciprocal Benefit Details	
Cost Centre Manager Name	
Manager Position	
Reservation Confirmation	
Booking Number Booking Held Ticket Deadline Tickets Emailed? Yes No	
Email completed booking request form to bookings@qr.com.au STAFF SUBMIT STAFF PRINT	Γ

