****

Level 1 Commercial Centre

CQUniversity

Bruce Highway

North Rockhampton QLD 4701

Telephone: 07 4930 6396

International Travel: internationaltravel@cqu.edu.au

**CORPORATE INTERNATIONAL QUOTE REQUEST**

Please Note: Details MUST be the same as shown on Passport

|  |
| --- |
| **Traveller details** |
| Surname / Family Name: |  | Given name/s |  | Title |  |
| Date of birth: (dd/mm/yyyy)  |  | Gender: | 🞏 Male 🞏 Female 🞏….. |
| Work Phone:  |  | Mobile Phone: |  |
| Department/Division |  |
| Requestor name: |  | Email: |  | Work Ext.: |  |
| **Transport details** |
| DATE(day - dd/mm/yyyy) | DEPART FROM:(full name of city) | ARRIVE AT:(full name of city) | DEPARTURE TIME: | TRANSPORT MODE |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
| Fare type required: | Choose an item. |
| **Accommodation details** |
| HOTEL | CITY | DATE IN(day - dd/mm/yyyy) | DATE OUT(day - dd/mm/yyyy) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Airport/Hotel Transfer details** |
| Pick-up location: | Date required: | Drop Location: | Time required at drop-off: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Special requirements: (including dietary requirements) |
|  |
| Other travel requirements and requests: |
|  |