## ATENEO DE ZAMBOANGA UNIVERSITY

## REQUEST FOR PLANE TICKET

<b>NAME:</b> MR [ ]			Birthdate:		
MS [ ]			Cel No:		
			Email add:		
PURPOSE :					
	DOE TO				
BUDGET ACCOUNT/CHA	RGE TO:				
DATE of FLIGHT	AIRLINE	TIME (AM/PM)	FROM	то	
BAGGAGE ALLOWANCE: FOR DOMESTIC TRAVE	L	<del></del> ,	FOR INTERNAT		
Cebu Pacific	Philippi	ne Airlines	(Please indicate s	special arrangement	
[ ] HAND CARRY (7 kg) [ ] 20 kg	[ ] HANI [ ] 10 kg	O CARRY (7 kg)			
[ ] 32 kg	[ ] 20 kg	5			
[ ] 40 kg	[ ] 30 kg [ ] 40 kg				
REQUESTED BY:		AP	APPROVED BY:		
Signature over Printed Name			Signature over Printed Name		
Date :		Un	Unit/Office :		
FOR FINANCE USE ONLY					
FUNDS AVAILABLE:					
Budget On-Charge					