REQUEST FOR AIRFARE/HOTEL SALARY DEDUCTION FORM

Name: _____
Company Affiliation: _____
Department: _____
Job Title: _____
Date of Application: _____
Tel. No.: _____
Mobile No.: _____

Itinerary:

International: _____ Domestic: _____
(Place/Address) (Place/Address)

FROM	TO	AIRLINE	DATE	TIME

Hotel Accommodation:

Hotel/Resort	Date In	Date Out	Room Type
			_____ Single
			_____ Double

Fare: _____
Hotel Accommodation: _____
Total: _____
Terms (in months): _____
Deduction per payday: _____

APPROVALS:

_____ _____ _____
LCTT Manager Accounting Manager President

_____
Employee Signature