SWB
TRAVEL CO.
See the world boldly.

BUSINESS TRAVEL REQUEST

754-265-1904 | wesley@swbtravelco.com | swbtravelco.com

Complete one form per trip and email it to wesley@swbtravelco.com.
Please allow 14+ days before departure.

DATE SUBMITTED	REQUEST / PO NUMBER	NEEDED BY

1. COMPANY & BILLING

COMPANY NAME

DEPARTMENT / COST CENTER

BILLING ADDRESS

TRAVEL COORDINATOR / REQUESTER

PHONE

EMAIL

PAYMENT METHOD: ☐ Company card (secure link) ☐ Corporate account ☐ Traveler pays & is reimbursed

2. TRAVELER INFORMATION

Name, date of birth & gender must match each traveler's ID | Traveler 1 = lead traveler

TRAVELER DETAILS

#	FULL LEGAL NAME (AS ON ID)	DATE OF BIRTH	GENDER (M/F/X)	MOBILE PHONE	EMAIL
1					
2					
3					
4					
5					
6					
7					
8					

IDS & TRAVEL DOCUMENTS

#	PASSPORT NUMBER	EXPIRATION DATE	ISSUING COUNTRY	KNOWN TRAVELER NO. (KTN)	REDRESS NO.
1					
2					
3					
4					
5					
6					
7					
8					

Passports needed for international trips only (valid 6+ months past return). Traveling with 9 or more? Attach a list — groups are our specialty.

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3. TRIP DETAILS

PURPOSE: ☐ Client meeting ☐ Conference / trade show ☐ Training ☐ Site visit ☐ Other

EVENT OR MEETING NAME

EVENT VENUE / ADDRESS

DEPARTING FROM (CITY / AIRPORT)

DESTINATION(S)

DEPARTURE DATE

RETURN DATE

MUST ARRIVE BY (DATE & TIME)

DATES FLEXIBLE? ☐ Yes, by a few days ☐ No, dates are fixed

ITINERARY LEGS — FOR MULTI-CITY TRIPS OR TRAVELERS LEAVING FROM DIFFERENT CITIES OR DATES

LEG	TRAVELER #(S)	FROM (CITY / AIRPORT)	TO (CITY / AIRPORT)	DATE	PREFERRED TIME	NOTES
1						
2						
3						
4						
5						
6						

4. AIR TRAVEL

☐ Air travel needed **CABIN:** ☐ Economy ☐ Premium econ. ☐ Business ☐ First

TRIP TYPE: ☐ Round trip ☐ One way ☐ Multi-city **SEAT:** ☐ Aisle ☐ Window ☐ No preference

DEPART TIME: ☐ Morning ☐ Afternoon ☐ Evening ☐ Red-eye OK ☐ Nonstop only

PREFERRED AIRLINE(S)

FREQUENT FLYER NUMBERS

CHECKED BAGS / EQUIPMENT

AIRLINE CORPORATE PROGRAM / DISCOUNT CODE

CORPORATE ACCOUNT NAME

UNUSED TICKET CREDITS TO APPLY FIRST

TRAVELER #	AIRLINE	TICKET / CREDIT NUMBER	AMOUNT ($)	EXPIRES

5. HOTEL

☐ Hotel needed **ROOM TYPE:** ☐ King ☐ Two queens ☐ Suite

CHECK-IN DATE	CHECK-OUT DATE	PREFERRED HOTEL OR BRAND	NO. OF ROOMS

LOCATION: ☐ Near venue ☐ Near airport ☐ Downtown ☐ Other

MUST-HAVES: ☐ Breakfast ☐ Wi-Fi ☐ Parking ☐ Gym ☐ Airport shuttle ☐ Meeting space

HOTEL LOYALTY NUMBERS	CORPORATE / NEGOTIATED RATE CODE	NIGHTLY RATE CAP ($)

ROOMING LIST — WHO STAYS IN EACH ROOM (USE TRAVELER NUMBERS FROM SECTION 2)

ROOM	TRAVELER #(S)	ROOM TYPE	CHECK-IN	CHECK-OUT	NOTES (ADJOINING, ACCESSIBLE)
1					
2					
3					
4					
5					
6					

6. GROUND TRANSPORTATION

NEEDED: ☐ Rental car ☐ Airport transfer / car service ☐ Train / rail ☐ Traveler arranges ☐ None

RENTAL CAR SIZE & PREFERRED COMPANY	RENTAL LOYALTY NUMBER	CORPORATE DISCOUNT CODE (CDP)

7. BUDGET, POLICY & APPROVAL

TOTAL TRIP BUDGET ($)	POLICY LIMITS (AIRFARE, HOTEL, PER DIEM)

REFUNDABLE FARES/RATES: ☐ Required ☐ Preferred ☐ Not needed **BOOK ONLY AFTER APPROVAL?** ☐ Yes ☐ No

APPROVER NAME & TITLE	APPROVER EMAIL

8. CONFIRMATIONS, INVOICING & CONTACTS

SEND CONFIRMATIONS TO: ☐ Each traveler ☐ Travel coordinator ☐ Accounting / AP

INVOICING: ☐ One invoice for the trip ☐ Separate invoice per traveler ☐ Split by cost center

ACCOUNTING / AP EMAIL

OTHER EMAILS TO COPY

ON-TRIP / AFTER-HOURS COMPANY CONTACT

PHONE

EMAIL

Travel questions before or during the trip? Call or text SWB Travel Co. at 754-265-1904.

9. TRAVEL INSURANCE, VISAS & SPECIAL REQUESTS

INSURANCE: ☐ Please quote coverage ☐ Company already covers ☐ Decline

VISAS / ENTRY DOCS: ☐ Not needed (domestic) ☐ Already obtained ☐ Not sure — please check

CITIZENSHIP, IF DIFFERENT FROM PASSPORT COUNTRY (TRAVELER # & COUNTRY) — VISA RULES ARE BASED ON CITIZENSHIP

ACCESSIBILITY, DIETARY, MEDICAL OR OTHER REQUESTS

10. AUTHORIZATION

By signing, I confirm the information above is accurate and authorize SWB Travel Co. to make these arrangements for my company. Fares and rates are not guaranteed until booked and paid, and supplier change and cancellation rules apply. Travelers are responsible for valid passports, visas and entry documents. If travel insurance is declined, I accept responsibility for non-refundable costs. Please do not write card numbers on this form — payment is collected through a secure link.

AUTHORIZED SIGNATURE (TYPE FULL NAME)

PRINTED NAME & TITLE

DATE

OFFICE USE ONLY — SWB TRAVEL CO.

DATE RECEIVED

DATE BOOKED

INVOICE NO.

CONFIRMATION / RECORD LOCATOR NO(S).

SUPPLIERS & NOTES