



TRANSPORTATION BOOKING FORM

Date of Request:

Attn: Shaharin Samsuri 019-271 9598
 KAA TRAVEL & TOURS SDN BHD
 Tel: 03-2148 0604
 Fax: 03-2148 0641 / 26

Contact Person:
 Company:
 Tel: H/P:
 Fax: E-mail:

Name of Lead Person/Client: (For signage purposes)

Item	Date	Pickup Time	From	To	No of pax	Miscellaneous Remarks (eg. Flight details)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Office Use Only:		TSO No:	Status:
Date Received Request:		Driver Assigned: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Confirmed
Action Taken:		Tour Guide Assigned: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tentative
Total Amount Due: RM <input type="text"/>		Invoiced: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unable to Confirm