HOMI BHABHA CENTRE FOR SCIENCE EDUCATION

Form for Official Air-booking

	Date
Name of the staff member	
Section	
ID code	
Purpose of the Trip	
From	To
Date and time of onward journ	
Airlines and Flight No.	
Date and time of return journe	y
Airlines and Flight No.	
Funding from	
	e I receive reimbursement for my air ticket from an external re received by me to HBCBSE.
	Signature of the staff member
Booking through	
Airline	Flight No
Approval Centre Director	