



Ticket Requisition Form

Employee Personal Information :

Name: Ms/Mr/Dr. Employee NO.

Position: College/Center/Dept:

Nationality: Tel/GSM:

University Email: Date of Employment: / / 20

Ticket Details:

Employee() Family() No. of Required Ticket(s):

Travel Line: From (City) (Country) To (City)

(Country)

Name of the Home Country: Name of the Airport and

Code(If known):

One Way () Return ()

Type of Ticket: () Academic Visitor () Business Trip () Student () Staff

Date of Travel: Date of Return:

Family Details:

Name of spouse: Date of Birth:

Name of child (1): Date of Birth:

Name of child (2): Date of Birth:

Name of child (3): Date of Birth:

Human Resources Use Only:

Ticket will be paid through University of Nizwa () Investment Fund () Others

(Please specify)

Human Resources Director:

Stamp:

Signature: