University of Nizwa
Human Resources Dept

جامعة نزوى
دائرة الموارد البشرية

Ticket Reimbursment Form

Employee Personal Details:

Name: Ms/Mr/Dr.....**Employee No**.....

Position:.....**College/Center/Dept**:.....

Nationality:.....**Tel/GSM:**.....

University Email:.....**Date of Employment: / / 20**

Information Regarding Ticket Request:

No. of Required Tickets:..... **Employee( ) Family( )**

Name of the Airport and Code:.....**Destination:**.....

Family Details (If Any):

Name of wife/husband:.....**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:

Total value of tickets:.....

Amount to be paid: .....

Human Resources Director:..... **Stamp:**

Date:

Signature:.....