**Application for International Duty Travel**

This form must be counter-signed by your employer before it is submitted to RST.

RST require at least 14 days’ notice although we will attempt to assist if this is not possible.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Details** | | | | | | | |
| Title |  | | | | Address |  | |
| First Name |  | | | |  | |
| Last Name |  | | | |  | |
| Home Phone |  | | | |  | |
| Mobile Number |  | | | | Postcode |  | |
| Email: |  | | | | | | |
| **Railways Over Which Free Duty Travel is Requested** | | | | | | | |
| Undertaking / Carrier | | Outward Travel Date | | Inward Travel Date | | Sleeper From | Sleeper To |
|  | |  | |  | |  |  |
|  | |  | |  | |  |  |
|  | |  | |  | |  |  |
|  | |  | |  | |  |  |
| Please use the undertaking / carrier cod or /name as published in the *Travel Tips For Europe* guide | | | | | | | |
| **Reason in Full for Application** | | | | | | | |
|  | | | | | | | |
| Class of Travel: | |  |  | | | | |

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| --- | --- | --- |
| **Declaration** | | |
|  | By checking this box:   * I confirm that all details provided are correct. * I apply for the continental duty travel as requested above. * I understand that I am responsible for the correct use of rail staff travel facilities and that such use is subject to the Conditions of Issue and Use [www.raildeliverygroup.com/rst/conditions-of-issue-and-use](http://www.raildeliverygroup.com/rst/conditions-of-issue-and-use) . * I further understand that Rail Staff Travel’s privacy information is available at [www.raildeliverygroup.com/rst/rst-privacy](http://www.raildeliverygroup.com/rst/rst-privacy) and that I have read it * If I am in any doubt about eligibility, I understand that I MUST check and that any attempt to obtain or use rail staff travel facilities fraudulently may result in disciplinary action and/or legal proceedings and/or permanent withdrawal of all rail staff travel facilities for myself and all of my dependants. | |
| Date | |  |
| Employee Signature: | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorised by Employer** | | | |
| Authoriser Name (block caps) |  | Authoriser job description |  |
| Authoriser signature |  | Date |  |