

Group Booking Form



Group Name: _____

Group code: (to enter in TBO/CB Group Table) _____

GDS Format: Amadeus: RM*GP Sabre: 5.S*GP Apollo/Galileo: T-GP Worldspan: 5GP

Travel Dates: _____

Destination: _____

Vendor/s: _____ **Phone:** _____

Agent/s: _____

Expected Number of Participants: _____

Group leader/Contact: _____ **Phone:** _____

Client Profiles used: Individual Leisure Profiles _____
One Corporate for entire group _____ **ID:** _____

Accounting Method: Accounting as Departing _____
Vouchers created for deposits. Invoices issued in month of departure
Accounting as Payments Received _____ Invoices issued for all payments received

Pricing:	Base	Tax	Total	Comm.	
_____	_____	_____	_____	_____	Per Person Based on Double Occupancy
_____	_____	_____	_____	_____	Single Supplement
_____	_____	_____	_____	_____	3rd/4th/5th Adult Supplement
_____	_____	_____	_____	_____	Child

Tour Conductor/Tour Leader (Discount): _____

Deposit Amount: _____ **Date Due from Client:** _____ **Date Due to Vendor:** _____

Final Payment Amount: _____ **Date Due from Client:** _____ **Date due to Vendor:** _____

Documents Due from Vendor: _____ **Deliver to Client:** _____

Blocked Space: (include Confirmation #) Use page 2 for ClientBase Inventory Details.

Review (Utilization) Dates: _____



Inventory Details

Date Reserved: _____ Inventory ID: _____

Vendor: _____ Service Provider: _____

Description: _____ Duration: _____

Start Date: _____ End Date: _____

Review/Utilization Date: _____

Final Release/Expiration Date: (for unused space) _____

Region/Destination: _____ Group ID: _____ Confirmation # _____

Itinerary: _____

Itinerary/Invoice Remarks: _____

Agent Remarks: _____

Details:

Quantity	Description	Class of Service/Cat./Deck/Room Type/Tour Name
1.		

Pricing: Base	Tax	Total	Comm.
_____	_____	_____	_____ Per Person Based on Double Occupancy
_____	_____	_____	_____ Single Supplement
_____	_____	_____	_____ 3 rd /4 th /5 th Adult Supplement
_____	_____	_____	_____ Child

Itemized Pricing:

Description	+/-	Base	Tax	Commission

Quantity Description Class of Service/Cat./Deck/Room Type/Tour Name
2.

Pricing: Base	Tax	Total	Comm.
_____	_____	_____	_____ Per Person Based on Double Occupancy
_____	_____	_____	_____ Single Supplement
_____	_____	_____	_____ 3 rd /4 th /5 th Adult Supplement
_____	_____	_____	_____ Child

Itemized Pricing:

Description	+/-	Base	Tax	Commission

3.

Pricing: Base	Tax	Total	Comm.
_____	_____	_____	_____ Per Person Based on Double Occupancy
_____	_____	_____	_____ Single Supplement
_____	_____	_____	_____ 3 rd /4 th /5 th Adult Supplement
_____	_____	_____	_____ Child

Itemized Pricing:

Description	+/-	Base	Tax	Commission

4.

Pricing: Base	Tax	Total	Comm.
_____	_____	_____	_____ Per Person Based on Double Occupancy
_____	_____	_____	_____ Single Supplement
_____	_____	_____	_____ 3 rd /4 th /5 th Adult Supplement
_____	_____	_____	_____ Child

Itemized Pricing:

Description	+/-	Base	Tax	Commission

