

Authorisation Form

Name of Authorizing Officer :	<input type="text"/>
Company :	<input type="text"/>
ABN No :	<input type="text"/>
Purchase Order / Cost Centre No :	<input type="text"/>
Billing Address :	<input type="text"/>
	<input type="text"/>
State :	<input type="text"/>
Postcode :	<input type="text"/>
Title :	<input type="text"/>
Telephone :	<input type="text"/>
Mobile :	<input type="text"/>
Email Address :	<input type="text"/>

You are authorised to provide the nominated services below to the following employee.

1. Employee's Name :	<input type="text"/>
Position :	<input type="text"/>
2. Anticipated Date of Arrival :	<input type="text"/>
3. Work commencement date :	<input type="text"/>
4. Partners Name :	<input type="text"/>
5. Transferring From :	<input type="text"/>
Transferring To :	<input type="text"/>
6. Contact Work Phone :	<input type="text"/>
Mobile :	<input type="text"/>
Email :	<input type="text"/>
7. Business Destination Address :	<input type="text"/>

8. Please indicate authorised services for above employee :

ARRIVAL SERVICES

- SHORT TERM ACCOMMODATION
- AIRPORT TRANSFERS/PICK UP
- IMMIGRATION SERVICES
- ORIENTATION (1 DAY)
- CUSTOMIZED CITY INFORMATION PACKS
- HOME SEARCH - RENTAL/PURCHASE PROGRAMS
- SCHOOL SEARCH (DOMESTIC/INTERNATIONAL)
- SETTLEMENT ASSISTANCE
- CROSS CULTURAL TRAINING
- REPATRIATION
- EXPENSE MANAGEMENT
- LEASE MANAGEMENT

DEPARTURE SERVICES

- HOUSING PRICE DIFFERENTIALS
- HOME SALE PROGRAM
- DEPARTURE PROGRAM
- REMOVALS MANAGEMENT
- EXPENSE MANAGEMENT

9. Approved Rental Budget :

per week

Do not show homes exceeding budget :

Approval to show over budget :

Who will pay the initial Bond Money and rent?

Company

Transferee

Lease to be in the name of :

Company

Transferee

Please fax your completed form to fax 61+ 02 9488 8259

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