

# TRAVEL CLAIM FORM



Education & Training

## VET TEACHER TRAINING

**Complete this form and sign in BLUE ink only!**  
Complete questions 1 to 12 below – please print clearly

**This claim *MUST* be submitted within ONE month of travel**

1. Period of Claim: __/__/2010 to __/__/2010	2. Employee No. <input type="text"/>
3. Surname:	4. First name:
5. Home Address:	6. Postcode:
7. Home Phone:	8. School:

### Direct Deposit Account Details

9. Bank Name:	10. Branch:
11. BSB No.	12. Account Number:

**I certify that ALL details shown on this claim form to be a correct record of my official movements in connection with my role as a course participant.**

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_\_\_

**Please go to question 13.**

### OFFICE USE ONLY

Cost Assignment:	Cost Centre: 10100052 Fund: 3753	<input type="checkbox"/> Orientation	<input type="checkbox"/> Certificate IV TAA
		<input type="checkbox"/> Industry training	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Participant	<input type="checkbox"/> _____	Event Type: _____
<input type="checkbox"/> Facilitator	Industry Curriculum Framework	Event number: _____

Certified correct under Section 13 of the Public Finance and Audit Act 1983, and in accordance with Treasurer's directions.

Account No. verified, funds available and approved for payment:	Authorised by: _____
Performance of Service: _____	Position: _____ Date: _____
Rates of charge: _____	Signature: _____

Checked against double payment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by: _____
Approval to Travel sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: _____ Date: _____
Licence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: _____
Car Registration: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>AMOUNT: \$</b> _____
Insurance Sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

OC	Claim Type	Amount		OC	Claim Type	Amount	
		\$	¢			\$	¢
524296	Rail			524331	Petrol (Hire Car Only)		
524296	Bus			524321	Private Motor Vehicle (as per mileage calculation on next page)		
524296	Ferry			524296	Meal allowances		
524306	Taxi			524296	Accommodation		
524296	Hire Car				Other – please specify:		
					<b>Add items</b>		

### Finance use only

Account details checked	<input type="checkbox"/> Yes <input type="checkbox"/> No	Address book – General	<input type="checkbox"/> Yes <input type="checkbox"/> No
JDE	<input type="checkbox"/> Yes <input type="checkbox"/> No	Address book – Payables	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No		

# TRAVEL CLAIM

Name: \_\_\_\_\_

## USE OF PRIVATE MOTOR VEHICLE

13. If claiming use of private motor vehicle you MUST attach a copy of your driving licence, car registration and your current **comprehensive** insurance, indicating the policy expiry date.

Date	Departure (Town/Suburb)	Arrival (Town/Suburb)	Meter Reading		kms Travelled by Car	Office use only
			Start Journey	Finish Journey		
<b>Total Distance Travelled</b>						

## MILEAGE CALCULATION

14. Engine Capacity: _____ cc (a)	<b>Engine Capacity (a)</b>	<b>Journey Rate (b)</b>
15. Journey Rate: _____ ¢ per km (b)		
16. Total kms as per diary: _____ kms (c)	Under 1600 cc	25.2 ¢ per km
17. Journey Rate x Kms: \$ _____ . _____ (b) x (c) ÷ 100	1601cc- 2700cc	29.6 ¢ per km
	2701cc or over	30.0 ¢ per km
	Any Motorcycle	31.5 ¢ per km

18. I certify that on days when I used my private motor vehicle, a divisional / pool car was unavailable and public transport was uneconomic for the following reason/s: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# TRAVEL CLAIM

Name:

21. The Department will not reimburse the cost of mini-bars, alcoholic beverages, phone calls, faxes or other personal expenses. You can only claim if staying in overnight accommodation. You need to sticky-tape itemised receipts on page 5 so as they are not lost and are available for Audit purposes. The details on each receipt should be clearly visible. It will not be possible to process claims until they are completed correctly.

Meal	Rate
Breakfast	\$22.30
Lunch	\$25.00
Dinner	\$43.00

*Note: Total allowance for main meals not drinks or snacks etc.*

## MEAL ALLOWANCE DIARY

LOC:

Dates:		Check in: __/__/__		Check out __/__/__		Hotel:		Office use only		
Date	B'fast	Lunch	Dinner	Service Provider	Location	Amount claimed (including GST)	GST (divide amount by 11 to obtain GST)	Receipts	Amount payable	
	✓							✓	\$	¢
<b>Subtotal Meals</b>							<input style="width: 50px; height: 20px;" type="text"/>			

Travel Claim Form – updated July 2010

**DO NOT** fax your Travel Claim form as only **ORIGINALS** will be processed.

**ALL** pages need to be returned for processing.



Return by mail to:  
 VET Teacher Training  
 Vocational Education in Schools Directorate  
**Locked Bag 53**  
**DARLINGHURST NSW 2010**

# ITEMISED RECEIPTS

Name:

Please sticky-tape your receipts

*Please use additional sheets if required.*