

NOTIFICATION TO TRAVEL FORM (FOR NON-CARDHOLDERS ONLY)

Edited Mar 2014

Purpose of Form

This form is to be completed by non-cardholders travelling on University business. Once completed, pass the form to your local travel arranger to coordinate your travel arrangements.

This form can be completed online and/or downloaded and completed manually.

TRAVELLER DETAILS (* denotes mandatory fields)				
Traveller Name* <i>as per Drivers License /Passport</i>			Employee ID/Student ID No.*	
School / Branch				
Email Address*			Mobile Phone*	
Traveller Type*	STAFF	STUDENT	OTHER (specify)	
Passport Number			Passport Expiry	
Passport Country			Gender (<i>as per Passport</i>)	M F
TRAVEL DETAILS				
Reason for Travel*	Conference <input type="checkbox"/>	Field Trip <input type="checkbox"/>	Meeting <input type="checkbox"/>	
	Research <input type="checkbox"/>	Special Studies Leave <input type="checkbox"/>	Visitor/Non staff travel <input type="checkbox"/>	Other <input type="checkbox"/>
Purpose of Travel*				
Destination/s*				
Departure Date*		Return Date*		
AIRFARES (if insufficient space, please attach further details)				
Depart Date	Depart Time	From	To	Fare Class
ACCOMMODATION (if insufficient space, please attach further details)				
Hotel Name	City	Date In	Date Out	
RENTAL CAR (if insufficient space, please attach further details)				
Company Name	Type of Car			
Pick Up Location	Pick Up Date & Time			
Drop Off Location	Drop Off Date & Time			

OTHER TRAVEL (if insufficient space, please attach further details)					
Company Name					
Type of Travel		Date & Time			
From		To			
ESTIMATED TRAVEL COSTS					
Cost Type	Amount (ex GST)	Project ID	Dept. ID	Details	
Airfares					
Accommodation					
Rental Car					
Conference Registration					
Meals					
Dept. Motor/Vehicle					
Field Trips					
Taxis/Parking & Tolls					
Other Travel					
Incidental Allowances	Number of nights (overnight stay)			Amount is system generated as per ATO rate for destination	
TOTAL AMOUNT					
TRAVELLER CONFIRMATION & CHECK LIST (this section must be completed by the traveller) *					
<p>For International Travel only – the Department of Foreign Affairs (DFAT) website advisory status for my destination is;</p> <p>Level 1 Exercise normal safety precautions</p> <p>Level 2 Exercise a high degree of caution</p> <p>Level 3 Reconsider your need to travel. I have completed a High Risk Travel form (original or copy attached)</p> <p>Level 4 Do not travel. I have completed a High Risk Travel Form (original or copy attached)</p> <p>I agree to review and monitor the DFAT Travel Advisories for any changes prior to the date of travel</p> <p>I have reviewed the University's Travel Insurance Guide on the Legal & Risk Website</p> <p>I agree to submit a travel diary for all International travel and any Domestic travel over 5 consecutive nights in duration</p> <p>I have reviewed the Private Travel Guidelines and acknowledge that any private travel over 30% of the total journey will require a personal contribution</p> <p>I have attached any supporting documentation e.g. conference registration, invitation etc.</p>					
Signature of Traveller*		Date*	Signature of Supervisor/Manager*		Date*
Travel Arranger Checklist <ul style="list-style-type: none"> • DFAT Level 3 or 4 – High Risk Travel form completed and approved • Travel Requisition submitted in the EMS and approval obtained • Travel booked through the University's TMC's and captured in Travel Tracker in accordance with the HSW Handbook on Travel Safety • If applicable, expense reimbursement raised for Incidental Allowance. 					