Department of Education

Travel Advance/Reimbursement of Expenses Claim Form

Family Name: Address:			First Nam	e:		
				Postcode	e:	
 Indicate Type Of	Claim: Reimbursemen					
Period Claimed:	From:		Го:			
Travelling Allo	wances Details				AMO	UNT
Accommodation	Allowances				\$	
Days	Overnight Location Name:		@			
Days	Overnight Location Name:		@			
Days	Overnight Location Name:		@			
Meal Allowances						
<u> </u>	Overnight	5 46		Daily		
Breakfasts	@	Breakfasts Lunches	@			
Lunches Dinners	@	Dinners	@			
Diffilers		Provide own	@			
			©			
	ses [Payable per overnight stay]				
Days			@			
Camp Allowance						
	red to camp overnight in a tent/h		@			
	red to carry a tent, equipment &		@			
Days [where	e no food and consumables are p	rovided]	@			
	s [i.e. training course and confere	ence allowance etc]				
Days			@			
Days			@			
Other Expenses [i.e. parking, fares, telephone calls	etc – tax invoic	es/receipts to	o be provided]		
	nmodation allowances I have	ve stayed in cor	nmercial a	ccommodation		
(Please circle the	response) Yes / No					
Use of Own Vehic	cle/Kilometreage Allowanc	e Especify user	categoryl			
	I an Application to Provide Private			ional User Form		
Indicate Whethe		OR Occasional	·			
	,					
	_	ehicle over 2 litres	_			
Kms tr	avelled Rate B [ve	hicle under 2 litre	es] @			
	ssive total of Km's travelled [in	ocluding this claim	1			1
Drogno	ssive total of Kill's travelled [III	iciaanig uns cialin	I	Total S	اء	
Progre				I DI AL	DI	
	Cost Code	Λ	. +	i Otai s	Ψ	
	Cost Code	Amour	t	i otai s	Ψ[

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Please complete the <u>Travel Diary</u> and ensure that the <u>Declaration of Claim and Authorisation</u> of this form below is signed to ensure payment.

Department of Education

Travel Diary for the Period:



Travel Diary

(must be completed to ensure payment)

Base

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Date		. υ						Num	ber of	Allow	ances	Clain	ned
	Departed From Base/Location	Time of	departure	Purpose of Travel	Overnight at or Returned to Location	Time of	arrival	0'nights	B'fast	Lunch	Dinner	Kms	Othe
					7	ot	als						
e above cl	n of Claim and aimant declare that the e provided and that trav	allow	ance	risation s claimed are/were for the purp on approved by the authorised c	ooses for lelegate.	Autho	orisati appr	on of paymo	ent in acc	ordance v ements.	with		
Signature of Claimant			Signature of Authorised Delegate										
					*Note: The Aut and Us	hori e of	sed Ow	Delegate n Vehicle	for Tra	avelling e differ	g Allowa ent	inces	

Personal information will be collected from you through this form for the purpose of obtaining employee and reimbursement related details and will be used by the Department of Education for processing your travel advance or reimbursement of expenses claim and other purposes permitted by the State Service Act 2000 and regulations and directions made by or under the Act.

Failure to provide this information may result in the department being unable to process your travel advance or reimbursement of expenses claim. Your personal information will be used for the primary purpose for which it is collected. Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to the Department of Education. You may be charged a fee for this service.

You can obtain a copy of the Department's Personal Information Protection Policy on request to Human Resources Management Branch at HRM@education.tas.gov.au or at http://www.education.tas.gov.au/Students/schools-colleges/policies/Pages/Personal-Information-Protection-and-Your-Right-to-<u>Information.aspx</u>.

Return the completed form through the Budget Centre Manager to:

FinServ@education.tas.gov.au

Level I, 26 Bathurst Street, Hobart, 7000