

## 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"/>	Other <input type="checkbox"/>	
	Research <input type="checkbox"/>	Special Studies Leave <input type="checkbox"/>	Visitor/Non staff travel <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
<b>TOTAL AMOUNT</b>				

**TRAVELLER CONFIRMATION & CHECK LIST** (this section must be completed by the traveller) \*

For International Travel only – the [Department of Foreign Affairs \(DFAT\)](#) website advisory status for my destination is;

Level 1 Exercise normal safety precautions

Level 2 Exercise a high degree of caution

Level 3 Reconsider your need to travel. I have completed a [High Risk Travel form](#) (original or copy attached)

Level 4 Do not travel. I have completed a [High Risk Travel Form](#) (original or copy attached)

I agree to review and monitor the DFAT Travel Advisories for any changes prior to the date of travel

I have reviewed the University's [Travel Insurance Guide](#) on the Legal & Risk Website

I agree to submit a [travel diary](#) for all International travel and any Domestic travel over 5 consecutive nights in duration

I have reviewed the [Private Travel Guidelines](#) and acknowledge that any private travel over 30% of the total journey will require a personal contribution

I have attached any supporting documentation e.g. conference registration, invitation etc.

Signature of Traveller*	Date*	Signature of Supervisor/Manager*	Date*
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- Travel Arranger Checklist**
- 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.