FACULTY OF MEDICINE, HEALTH AND HUMAN SCIENCES



TRAVEL APPLICATION FORM

Please ensure you have read the <u>Travel Policy</u> before completing this application.

Please complete and submit the form with supporting documentation to your Faculty/Department Administrator.

TRAVELLER'S DETAILS						
Name			Staff / Stude	ent number		
Phone	hone		Department			
Email					•	
Travelling with a companion? * Yes / No:						
*Travellers are requ						ropriate review of
TRAVEL DETAILS AN	ID APPROVAL OF	ABSENCE ON DUT	Υ			
Period of Absence	e :					
Personal travel included# (Up to 7 days – See <u>Travel Policy</u> Note: MQ Insurers do not provide coverage for student personal leave.)		Dates:		Workday &	request personal leave via	
Destination/s of travel						
Is a risk assessment required according to DFAT Level 3 or 4 or sanctioned countries? Yes / No:						
Provide detail of a arrangements for supervision, or oth during your absen	teaching, her duties					

CONFERENCE DETAILS						
Conference name						
Conference website						
City, Country			Conferen	ice dates		
Title of abstract submitted						
Has your abstract been approved? Yes / No:		If no, p explair				
Please provide a justificat	tion of attendand	ce if you	are not p	resenting:		
Explain how attendance a research:	t the proposed o	conferer	nce is impo	ortant and r	elev	ant to your work or
TRAVEL FOR OTHER PURPOS	TRAVEL FOR OTHER PURPOSES (add boxes as required)					
Institution/Organisation:						
City, Country:			Dates	of visit:		
Person/s Visiting:						
Purpose of Visit:						

ESTIMATED BUDGET List all expenses involved in this trip. Where possible, these are to be supported by attached quotes. Description Amount (AUD \$) Airfares Accommodation Conference registration Meals / per diem Transport: taxi, bus, train Poster printing Other: Total amount requested

APPLICANT CHECKLIST Supporting documents to be supplied		
Conference: Advice of acceptance of your abstract	Yes	
Research collaboration: Attach copy of email or letter indicating date and purpose of visit	Yes	
Quotes of all estimated costs	Yes	
Travel Diary for International Travel and for > 5 nights within Australia	Yes	
Risk assessment for overseas travel (required for Level 3 or 4 and sanctioned countries) https://staff.mq.edu.au/work/travel/travel-risk-assessment	Yes	

A DDL IO A N	T OFFICION					
APPLICANT CERTIFICATION I confirm that the information provided in this form is accurate and adheres to the University's Travel Policy and expenses incurred will be in accordance with the Travel Expenses Schedule outlined in the Travel Policy.						
Name		Signature		Date		
APPROVAI	_S					
Superviso	or / Manager Approval					
Name		Signature		Date		
Head of E	Department Approval					
Name		Signature		Date		
Travel Ap	proved by FMHHS Executive	Dean				
Name	Patrick McNeil	Signature		Date		
DEPARTMI	DEPARTMENT ADMINISTRATOR / TRAVEL BOOKER CHECKLIST					
Supporting	g documents checked			yes	NA	
Conference detail checked yes NA						
Funding availability checked yes NA						
Policy compliance checked yes NA						
Travel <u>not</u> booked through CTM (Corporate Travel Management) added to SharePoint for insurance reporting						
Name		Signature		Date	·	•

TRAVEL DIARY

Employee's signature*:	Date: / /

*In signing this document, I acknowledge that this is a legal document that will be used by the Macquarie University to calculate any Fringe Benefits Tax (FBT) liability arising from my trip AND I confirm that all the information declared by me in this document is true and correct. I have attached other relevant supporting documentation such as conference itineraries, travel reports, research summary, etc.

Number of days spent in transit / unavoidable delay days:	
Number of days where business activities were undertaken:	
Number of days taken as personal leave:	
Total number of days away:	

Details of activities undertaken:

	Date of Activity	Location of Activity	Brief Details of Activity
	01-Jul-2011	Blue Mountains	Research/fieldwork for collecting samples
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If space is insufficient please add more lines.