

PART A – TO BE COMPLETED AND APPROVED PRIOR TO BOOKING
PERSONAL PARTICULARS:

Uni ID:	Position: <input type="checkbox"/> Staff Member <input type="checkbox"/> Student <input type="checkbox"/> Visitor
Last Name:	First Name:
School/Centre:	Phone:

PURPOSE OF TRAVEL:

Domestic Conference	Overseas Conference	Research	Fieldwork
Staff Training	OSP/PDP	Visiting Lecturers	Other Travel
Destination:			
Brief Description:			

Dates of Travel (please attached Itinerary if insufficient space)

Date	From	To

TRAVEL DIARY:

Total Trip greater than 5 nights: Yes No
 (If Yes, [Travel Diary](#) required from all ANU staff within 10 days of return – not required from visiting fellows or students)

PRIVATE TRAVEL (for ANU staff away greater than 5 nights – does not apply to visiting fellows or students):

I anticipate number of private days travel.
 I agree to reimburse the amount agreed, with the College Office to reduce the FBT liability to zero within 30 days of my return ([calculation attached](#))

Annual Leave approved and recorded in HORUS Yes No NA

MODE OF TRAVEL:

Air Travel	Rail	ANU Vehicle	Hire Vehicle
	Private Vehicle (attach form)	Other:	

SUMMARY OF ANTICIPATED EXPENSES – must be completed:

Airfare	Bus/Car/Rail	Registration	Accom	Per Diem	Meals	Incidentals
\$	\$	\$	\$	\$	\$	\$

BUDGET CODE:
FUNDING ARRANGEMENT – please tick all relevant boxes:

PER DIEM: Paid before departure to staff only. Attach Travel Allowance Calculator and Pay Code Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
TRAVEL ADVANCE: Receipts upon return required. Attach Request for Advance Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
REIMBURSEMENT OF EXPENSES UPON RETURN: Reimbursement Claim Form required	<input type="checkbox"/> Yes <input type="checkbox"/> No
USE OF ANU PURCHASE CARD: For staff members that have been issued a PC	<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAVELLER CERTIFICATION

I hereby declare that I have read the [CBE Travel Policy and Procedures](#), [Private Travel Policy and Procedures](#), relevant [DFAT Travel Advisory](#) and have attached all necessary forms and supporting paperwork.

I certify that I have registered my travel with [DFAT Smart Traveller](#) (international travel only).

SIGNATURE OF TRAVELLER	Signed:	Name:
	University ID:	Date:

AUTHORISATION (Authorised by officer who holds a delegation under 3.61 and 3.62 of the [University Delegations](#))

HEAD OF SCHOOL	Signed:	Name:
	University ID:	Date:
CBE DEAN (O/S & HoS Travel only)	Signed:	Name:
	University ID:	Date:

PART B – MUST BE COMPLETED UPON RETURNING FROM TRAVEL
TRAVELLER'S PARTICULARS:

Uni ID:	Position: <input type="checkbox"/> Staff Member <input type="checkbox"/> Student <input type="checkbox"/> Visitor
Last Name:	First Name:
School/Centre:	Phone:

DATES OF TRAVEL ON "PART A"

Departure Date:	Return Date:
Destination(s)	

TRAVEL ACQUITTAL CHECKLIST

Were there any variations to your travel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If 'Yes', please provide details:			
Was the travel for more than 5 nights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Travel Diary attached (applicable only to staff away for more than 5 nights)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Are there any claims for expense reimbursement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Reimbursement Claim Form attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Did you receive a Travel Advance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Travel Advance Acquittal Form attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Private Travel contribution required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

TRAVELLER CERTIFICATION

I hereby declare that the above information is correct and have attached all necessary forms and supporting paperwork.

SIGNATURE OF TRAVELLER	Signed:	Name:
	University ID	Date:

AUTHORISATION (Authorised by an officer who holds a delegation under 3.61 and 3.62 of the University Delegations)

HEAD OF SCHOOL	Signed:	Name:
	University ID	Date:
CBE DEAN (O/S & HoS Travel only)	Signed:	Name:
	University ID	Date: