



Staff member/Student to complete section 1. Staff member/Student to sign form @ section 2. Forward to Head of Business Unit/School Manager/Equivalent for authorisation. Original maintained by School Manager/Equivalent, copy optionally retained by staff member/Student.

Please complete this form online and print for signing

SECTION 1: APPLICANT TO COMPLETE

Surname	<input type="text"/>	Given Names	<input type="text"/>	
BU Name	<input type="text"/>	BU Number	<input type="text"/>	Ph <input type="text"/>
				MBDP <input type="text"/>
Date of absence	From <input type="text"/>	To	<input type="text"/>	
Name of Conference (if applicable)	<input type="text"/>			
REASON FOR TRAVEL:				
<input style="height: 30px;" type="text"/>				
Approx Cost	Airfare	\$	<input type="text"/>	
	Accommodation	\$	<input type="text"/>	
	Registration Fees	\$	<input type="text"/>	
	Others	\$	<input type="text"/>	
	Total Estimated Cost	\$	<input type="text"/>	
		BU	<input type="text"/>	
		Project Grant	<input type="text"/>	% <input type="text"/>
		Project Grant	<input type="text"/>	% <input type="text"/>
		Other	<input type="text"/>	
Is a Cash Advance required? (for Meals/Incidentals) Yes <input type="checkbox"/> No <input type="checkbox"/>				

SECTION 2: APPLICANT TO SIGN

1. I confirm I have read and will comply with the [University Travel Policy](#)
2. I confirm I have read and will comply with the [University Corporate Travel Insurance Policy](#)
3. I confirm that if travelling overseas I have read and understood [DFAT travel advice](#)
4. I confirm I have read and will comply with the [University Finance Manual Travel Policy](#)

APPLICANT'S SIGNATURE

DATE

AUTHORISATION

PLEASE REFER TO: [UNIVERSITY DELEGATIONS](#) FOR AUTHORISED BAND LEVEL

NAME (Print)	<input type="text"/>			SIGNATURE	<input type="text"/>		
POSITION	<input type="text"/>			PHONE/EXT	<input type="text"/>		
BAND LEVEL	<input type="text"/>	MBDP	<input type="text"/>	BU	<input type="text"/>	DATE	<input type="text"/>
FORWARDING INSTRUCTIONS	<input type="text"/>						

See next page for itinerary/comments

ITINERARY (Alternatively please attach Itinerary):

Depart	Date/Time	Arrive	Date/Time	Business/Personal

Is any leave to be taken with travel: Yes Complete Employee Self Service (ESS) on-line leave application www.hr.uwa.edu.au/ess
No

Are you taking any equipment with you? If yes please list (include Asset number if possible).

TEACHING/UNIVERSITY COMMITMENTS

Have arrangements been made to cover your absence? (teaching, committees, supervision, etc). Please supply details