


ANU

THE AUSTRALIAN NATIONAL UNIVERSITY

 Finance & Business Services, Building 10C
http://info.anu.edu.au/Policies/_CFO_DFBS/Forms/Approval_to_Travel_Form.asp

Enquiries: contact your College/Division Business Office

Approval to Travel

PART A – TO BE COMPLETED BEFORE TRAVEL

<i>Internal Ref No.:</i>	
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PERSONAL PARTICULARS:

Uni ID:	Position:
Last Name:	First Name:
Dept/Centre:	School/Faculty:

PURPOSE OF TRAVEL:

Local Conference	O/S Conference	Research	Fieldwork
Staff Training	OSP/PDP	Visiting Lecturers	Other Travel

Destination / Brief Description:

TRAVEL DATES:	From: ___/___/___	To: ___/___/___	
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TRAVEL DIARY:	Total Trip greater than five days: Yes (travel diary required on return)	No
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PRIVATE TRAVEL (if away greater than 5 nights):

I hereby declare that I have read the [Private Travel Policy and Procedures](#).

I anticipate _____ number of private days travel. (for zero private days proceed to signature block).
 (please circle)

1. I agree to reimburse the amount agreed, with the Business Office to reduce the FBT liability to zero within 30 days of my return ([calculation attached](#)) **OR**
2. The delegate (Dean/Director, Head, or Business Manager) has approved a reduced contribution is payable by me, the traveller and that the resulting FBT (calculation attached) will be paid by the School/Centre/Faculty/Division. (After 1 October 05, Approval required from Director HR).

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

_____ (Printed Name of Traveller)*	Uni ID: _____
_____ (Signature)	Date: _____
*[or attach covering email request]	

MODE OF TRAVEL:

Air Travel	Rail	ANU Vehicle	Hire Vehicle
	Private Vehicle	Other:	

SUMMARY OF ANTICIPATED EXPENSES:

Travel	Registration	Per Diem	Accom	Meals	Other
\$	\$	\$	\$	\$	\$

BUDGET CODE:	ADVANCE REQUIRED: (min 5 working days required)
	Yes No Amount \$:

AUTHORISATION _____ (Printed Name)	Uni ID: _____
_____ (Signature)	Date: _____
<i>Authorised by an officer who holds a delegation under 3.61 and 3.62 of the <u>University Delegations</u>.</i>	


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PART B – TO BE COMPLETED UPON RETURNING FROM TRAVEL

Were there any variations to your travel? Yes No
If Yes, please detail:

EXPENSES:	
Expenses:	\$
Less Advance (if applicable) <i>(Note – all unspent funds MUST be returned to the ANU)</i>	\$
TOTAL AMOUNT BEING CLAIMED / REIMBURSED	\$

PRIVATE TRAVEL:	
Private travel contribution required?	Yes No
If Yes, complete the following details:	
Amount Paid : \$ _____ (calculation attached)	
Receipt No: _____	
Received On: ___/___/___	
Received By: _____	

Business Office Comments (if required):

AUTHORISATION _____ (Printed Name)	Uni ID: _____
_____ (Signature)	Date: _____
<i>Authorised by an officer who holds a delegation under 4.13 of the <u>University Delegations</u>.</i>	