

# Vehicle Private Use / or Vehicle Allowance Authority

## Conditions of Use – Option 3 Motor Vehicle Allowance

Design by CIS



11.07.05

**Human Resources, Building 10A**

Enquiries: (02) 6125 8710  
Facsimile: (02) 6125 8797

University ID:

### Motor Vehicle Allowance (Cash Out – Option 3)

*Please write clearly in BLOCK LETTERS.*

Family Name:  Given Names:

Dept / Unit:  Phone:

School / Div:

**Authorisation/Declaration**

I hereby declare that:

1. I have completed the Vehicle Allowance Authority form (signed copy attached)
2. I acknowledge that this motor vehicle allowance is a direct alternative to the provision of a fully maintained university vehicle.
3. I acknowledge I am responsible for providing my own transport to and from work and when undertaking business related activities in and around Canberra, Kioloa and Sidings Springs.
4. I acknowledge I am not entitled to a motor vehicle mileage allowance or reimbursement of any running costs for using my own vehicle in and around Canberra, Kioloa and Sidings Springs when undertaking business related activities.
5. I am not entitled to utilise University cabcharge card, vouchers or the ANU purchase card when undertaking business related activities in and around Canberra, Kioloa and Sidings Springs unless traveling to and from the airport to go interstate / overseas on University Business.

Signature:  Date:

**PLEASE FORWARD THE COMPLETED FORM AND DOCUMENTATION TO:  
Pay/Personnel Team, Human Resources Building 10A**

**OFFICE USE ONLY**

Total Amount payable:  \$  pf

Override Charge to Account:

Other Information