



United Firefighters Union Tasmania Branch

TRAVEL CLAIM FORM

Name:

Postal address:

Bank BSB No: Member No. (if applicable)..... Account No:

Please ensure that your nominated bank and account details are correct to avoid unnecessary delay.

Claim Summary	Type	No	Rate	Unit	Claim
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TRAVEL

Out of Area (day trip only)	① Breakfast (0700 – 0830 hrs)	...	@	\$11.55	Per meal	\$	
	① Lunch (1230-1400 hrs)		@	\$12.95	Per meal	\$	
	③ Dinner (1½ hrs after normal finish time)	...	@	\$22.25	Per meal	\$	
Out of Area (overnight stay)	④ Breakfast (0700 – 0830 hrs)	...	@	\$23.10	Per meal	\$	
	⑤ Lunch (1230 – 1400 hrs)	...	@	\$25.90	Per meal	\$	
	⑥ Dinner (1800 – 1930 hrs)	...	@	\$44.50	Per meal	\$	
Accommodation (overnight stay)	⑦ Tasmania - \$117	①① Melbourne - \$173	...	@	\$.....	Per night	\$
	⑧ Sydney - \$183	①② Canberra -\$145					
	⑨ Adelaide - \$157	①③ Brisbane - \$201					
	①⑩ Darwin - \$172	①④ Perth - \$164					

ALLOWANCES

Incidental Expenses –	①⑥ Tasmania and Interstate	...	@	\$16.85	Per night	\$
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Private Vehicle

Pre – approved by Secretary
Car Pooling is preferred.

Rego No. Make

Eng Cap. Model

Travel From Travel To

①⑦ ①⑧ No. of Kilometres:	@ 41.17 cents / km (< 2 litres) or 47.87 cents / km (> 2 litres)	\$
①⑨ Additional Costs Pre-approved by Secretary	i.e. taxi, hire car, etc (provide receipts)	\$
	Sub Total	\$
	Less Advance	\$
	TOTAL	\$

The information I have given on this form is complete and correct.	Authorised in accordance with approved travel.	Claim details have been checked.
..... Claimant's Signature/...../..... Authorising Officer's Signature/...../..... Print Name and Date Initials/...../.....

To be read in conjunction with the UFU TAS TRAVEL AND OTHER ALLOWANCES POLICY

Period From/...../..... to/...../..... Base

Date	Departure		Arrival		Reason	No. of B'fast	No. of Lunch	No. of Dinner	No. of O'night	No. of Incidental	Other Expenses Details
	From	Time	At	Time							
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Please itemise each day						Total No. (not dollar amount)					

Living Away From Home Declaration

To be completed when accommodation is claimed for more than 21 nights or working days or in all instances when incidentals and camp allowances are claimed.

I,, declare that during the period / / to / / I was required to live away from my usual place of residence in order to perform the duties of my employment and that during that period my usual place of residence was and the nature of that residence was and during the period the place at which I actually resided was

(State all addresses at which you resided while away from home in the period stated)

Signed: Date:/...../.....

Scan and e-mail completed form to ufutas@ufutas.com or fax completed form to (03) 6234 9505