**TRAVEL AND CONFERENCE APPLICATION AND CLAIM FORM**

Version date: October 2018

This form provides for College and OVC staff to apply for approval to travel, and subsequently to claim reimbursement of costs of approved travel, where the cost of travel is met by the University.

This form is NOT to be used to apply for Research Grants – use [Research Grant Application Form](https://www.divinity.edu.au/documents/research-grant-application-form/)

Please read the [Travel Policy](https://www.divinity.edu.au/documents/travel-policy/) and ensure the application complies with this policy.

OVC has a contract with Executive Edge Travel Pty Ltd to arrange travel and accommodation bookings within approved policy guidelines. Please check first with the Acting Chief Financial Officer (Acting CFO) if you can use this system directly without the requirement to complete the Travel and Conference Application and Claim Form.

**Instructions**

1. Sections A, B and Column I of Section D to be completed before submitting application to the Acting CFO for approval. Scan application to [lboase@divinity.edu.au](mailto:lboase@divinity.edu.au)

2. A response will be received by the applicant within seven days of receipt. If the application is successful, the form is signed by the Acting CFO or VC and returned to the applicant. The applicant must retain the signed copy to use for claiming reimbursement.

3. To claim reimbursement:

* ensure Section C has been signed by the Acting CFO or VC
* complete Section D column 2
* complete Section E
* attach proof of payments made
* submit the form to the Acting Chief Financial Officer, Liz Boase [lboase@divinity.edu.au](mailto:lboase@divinity.edu.au)

**Please note:** reimbursement will not be processed unless the form is submitted with accompanying receipts or other evidence such as credit card payment records. If travelling, it is suggested you take a copy of this form to record expenses as they occur.

4. Remittance advice will be received by the claimant within 1 week of receipt of the claim form.

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| **Section A: Applicant details** | |
| Name |  |
| College name or OVC |  |
| Email address |  |
| Contact phone number |  |

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| **Section B: Travel or conference details** | | | |
| Describe the travel or conference |  | | |
| Explain the reason for the travel or conference and the benefit to the University |  | | |
| Estimated total cost  Supply details of your estimate in Column 1 of Section D | | | $ |
| The applicant must act in accordance with Section 6 of the [Travel Policy](https://www.divinity.edu.au/documents/travel-policy/). The applicant’s signature here indicates compliance to the best of their knowledge. | | | |
| Applicant signature |  | Date |  |

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| **Section C: Approval** (Acting CFO or Vice-Chancellor use only)  A signature in this section by the Acting Chief Financial Officer or Vice-Chancellor indicates that approval has been given to the application, subject to any conditions outlined in the Comments section; and that the requirements of the [Travel Policy](https://www.divinity.edu.au/documents/travel-policy/) have been met. (Refer to the [Financial Delegation Policy](https://www.divinity.edu.au/wp-content/uploads/2013/12/Financial-Delegation-Policy.pdf).) | |
| Comments |  |
| Signature of Acting CFO / VC |  |

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| **Section D: Costs**  In the event that the actual cost of an item exceeds the approved estimated cost by 5% a written explanation must be provided to the Chief Financial Officer to assist in evaluating whether the difference will be covered by the Office of the Vice-Chancellor or not.  For travel insurance, please see sections 6.2 and 6.3 of the [Travel policy](https://www.divinity.edu.au/documents/travel-policy/) | | |
| ***Expense Item*** | ***Column 1: Estimated cost*** | ***Column 2: Actual cost*** |
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| **Total** |  |  |

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| **Section E: Account Details**  Reimbursement is paid into this account | |
| Account Name |  |
| Bank Name |  |
| BSB number |  |
| Account number |  |

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| --- | --- |
| **Office use only** | |
| Date application received |  |
| Date of CFO or VC approval |  |
| Dates entered on calendar (if applicable) |  |
| Date claim form received |  |
| Date reimbursement processed |  |