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| **FORM: FREQUENT TRAVELLER’S ALLOWANCE**  *This form is to be completed in accordance with the Guidelines: Frequent Traveller’s Allowance.* | | | | | | | |
| **SECTION 1. TO BE COMPLETED BY THE EMPLOYEE** | | | | | | | |
| **PART A: EMPLOYEE DETAILS** | | | | | | | |
| Surname: | |  | | Given Name(s): |  | | |
| Position: | |  | | | Staff Number: | |  |
| Faculty/ Centre: | |  | | | | | |
| School/ Business Area: | |  | | | | | |
| **SECTION 2. TO BE COMPLETED BY THE RELEVANT DIRECTOR OR HEAD OF FACULTY** | | | | | | | |
| **PART B: CALCULATION OF THE FREQUENT TRAVELLER’S ALLOWANCE** | | | | | | | |
| A | Year for which the Allowance is to be paid: | | | | | | |
| B | Number of days of international travel on University business:       days | | | | | | |
| C | Allocated Frequent Traveller’s Allowance Per Day Rate (see Guidelines): $ | | | | | | |
| D | **Per Annum value of Frequent Traveller’s Allowance – (B x C): $** | | | | | | |
| **SECTION 3. SIGNATURES** | | | | | | | |
| **PART C: EMPLOYEE SIGNATURE** | | | | | | | |
| I understand that I meet the requirements of an identified position to receive the Frequent Traveller’s Allowance as outlined in the Traveller’s Policy and the Guidelines for Frequent Traveller’s Allowance. | | | | | | | |
| **Name:** | | | **Signature:** | | | **Date:** | |
| **PART D: APPROVAL BY THE RELEVANT DIRECTOR OR HEAD OF FACULTY** | | | | | | | |
| **Name:** | |  | | | | | |
| **Position:** | |  | | | | | |
| **Signature:** | |  | | | | **Date:** | |
| **PART E: PAYROLL USE ONLY** | | | | | | | |
| Per Fortnight Value of Allowance: $ | | | | | | | |