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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: $      |