

SECTION A – GENERAL INFORMATION								
Applicant Name (seeking funding)				Traveller N (if non-stat				
School/Directorate					Purpose of travel			
Are you academic teaching staff? Yes No			INO	cover teacl	ning?	Yes No		
Are you an HDR student? Yes No					Supervisor given I approval to proceed?	Yes No		
PRELIMINARY DETERMINATIONS (complete only when travelling)								
Travel Calculator & Diary completed (mandatory)				% of Private Days (as stated on Travel Calculator & Diary)				
Departure Date	-		I	Number of nights aw from home				
Date from home SECTION B - JUSTIFICATION								
Please state how this application aligns with your PRDP Key Objectives								
Please state intended outcomes for the University from proposed funding								
Submission date for Report On Outcomes (Academic only) Submit to supervisor within one month of return, outlining the achievement of objective(s) & intended application.								
SECTION C - TRA	AVEL BUDGET							
EXPENSE DETAILS						COST ESTIMATE		
Airfares	Request, via email to FCM Travel, quote with visa cost (if required). NB. Your quote entered will be loaded by 10% to allow for price increase.							
Accommodation	Calculate expenses based on number of nights at destination(s) and include any hotel special rates (if) available from conference / event convener.							
Conference / Event fee	Attach copy of conference / event flyer to this application							
Meals	Refer ATO Reasonable Daily Allowance (use as a guide only) Do not include meals included in conference / event registration.							
Incidentals	Laundry / tippi	Laundry / tipping / parking etc						
Transit costs	Shuttle bus / t	Shuttle bus / taxis / train etc						
Teaching buy-out	If sessional staff are required to cover teaching please contact Coordinator, School Services to obtain costing.							
FUNDING SOURCE								
Source	Dept / Pr	oject name	Departmen	t code	Project code	Amount		
FedUni funds								
FedUni funds								
Private / External f	unds I	N/A	N/A	1	N/A			
NB. Airfare estimate has been loaded by 10% to allow for price increase Total requested FedUni funds								
SECTION D – DOCUMENT CHECKLIST								
For all attachments use the 🍕 icon in left hand toolbar to attach within this application before signing								
Completed Travel Diary & Calculator Of					fficial conference preser	ter acceptance (if applic.)		
(Fit for travel) Medical Certificate (if applic.)				Conference or Event Flyer (if applic.)				



SECTION E – RISK MANAGEMENT DECLARATION (complete only when travelling)						
Do you have a pre-exis which may be impacted	d by you travelling?	Signed by applicant				
If Yes, please obtain a you are fit for travel?	medical certificate from your p					
SUBMIT APPLICATION TO YOUR DEAN / DIRECTOR / PVC / DVC						
SECTION F - APPROVAL						
PART 1 - PRELIMINARY CHECKS						
Travel Calculator & Diary sighted as complete and within threshold (Refer attachment)						
Has Supervisor given provisional approval? (Refer Section A)						
PART 2 – FINAL APPROVAL						
Approved	Not Approved		i Funding ved Amount			
Dean / Director / PVC /	DVC					