

SLG Domestic Travel Budget Calculator & Authority

Section A

Personal Details

Version 7.6

Family Name	First Name	Rank / Title	Employee ID	File Reference
Campbell	Angus	MAJGEN	[REDACTED]	4048 1105

Reason for travel
To attend a Media conference with PM in Sydney 20 Sep 13

DMO

Will the DTC be used for this trip?
 Yes No

Official duty times

Departure date	Commencement time* (24hr clock eg 0800)
19 Sep 13	0545
Return date	End time* (24hr clock eg 1700)
20 Sep 13	1715

*Note: These times will be used to calculate your meals and incidentals entitlements. Refer to pop-up help for policy relating to official duty times.

Estimated cost of travel

Please complete the following cost elements. Enter confirmed amounts if known or use the buttons to access calculation sheets. Estimated costs should include GST.

Fares and Booking Fees	\$584.80	Comments Ref: 5YPCHS
Meals & Incidentals*	\$0.00	
Cash withdrawal fees (if applicable) <small>* Calculated at 3% Meals and Incidentals</small>	\$0.00	
Accommodation	\$0.00	
Car Hire	\$0.00	
Taxi / Public transport <small>* Estimate</small>	\$150.00	
Other costs <small>* Delegates must ensure they hold the appropriate delegation for the approval of other costs</small>	\$0.00	
Own means travel	\$0.00	
TMC and WoAG Fees	\$26.51	
Total	\$741.41	

Member's Signature

I have read and understood this travel budget.

Signed	Name	Date
[REDACTED]	Angus Campbell	19-Sep-13

Note: Written approval is required from a delegate prior to any additional expenditure (in excess of the "Total") being incurred.

Recommendation

The travel as requested is recommended

Signed	Date	
[REDACTED]	19 Sep 13	
Name	Position	Position Number
Sheralee Ide	BM OCA	563681

Funds Availability

I certify that funds are available	Cost Centre	Fund	Account Code	WBS
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Signed	Date			
[REDACTED]	19 Sep 13			
Name	Position	Position Number		
Dine Tieu	PA to DCA	529283		

FMA Regulation 9 Delegate

Travel is approved.

Signed	Date	
[REDACTED]	19 Sep 13	
Name	Position	Position Number
Sheralee Ide	BM OCA	563681

Prior Approval- Where verbal/written approval was given from the FMA Regulation 9 Delegate prior to the budget being signed the FMA Regulation 9 Delegate is to record the date verbal approval was given

Written approval attached

Date
[REDACTED]

**Section B
After Travel Certification**

File Reference

--

After travel certification

All travellers must complete the After Travel Certification in accordance with FINMAN 5 Chapter 2.3- Defence Credit Cards.

Did changes occur that affected your itinerary?

- NO Sign After Travel Certification and submit to travel delegate
 YES Complete below

Did these changes increase the budget of the original trip?

- NO Please detail below and submit to travel approver
 YES Verbal/written approval must be obtained from the FMA Regulation 9 delegate prior to the expenditure being incurred. Please detail below and complete section C. Where verbal/written approval was not obtained, this must be reported in your Groups's Certificate of Compliance return.

I certify that the approved journey has been undertaken in accordance with the details shown above.

Except for:

<div style="border: 1px solid black; height: 100%;"></div>
--

Member's Signature

Signed

	Angus Campbell
--	-------------------

Date

10 Oct 13

Travel Approval - I certify that the approved journey has been undertaken in accordance with the details shown above

This is to be signed by the Travel approver if there were no additional costs incurred.

Signed

--	--

Date

10 Oct 13

Name

Position

Position Number

Sheralee Ide	BM OCA	563681
--------------	--------	--------

Section C

Documentation of prior verbal/written approval for additional expenses

Where verbal/written approval was given from the FMA Regulation 9 delegate prior to additional expenses being incurred the FMA Regulation 9 delegate is to record the date of the approval or attach the original approval

Written Approval Attached

OR

Travellers are to document the date they received verbal approval for additional expenses and obtain the FMA Regulation 9 delegate's signature upon return to the workplace

FMA Regulation 9 Delegate

Signed

Date

Date Prior Verbal Approval Provided

--	--	--

Name

Position

Position Number

Sheralee Ide	BM OCA	563681
--------------	--------	--------