Travel booking form (including use of own vehicle)

Submit this form at least ten working days before travel.

Authority Members, Markers and Panellists:

Please enter details directly into this form and return to your QCAA contact via email:

QCAA staff: Please complete this form and once approved, return to Finance via travel@qcaa.qld.edu.au. For more information, please phone 07 3864 0493.

Contact details of traveller: The name entered below should match photo identification, e.g. driver licence.

Title:		Family	y name: [Given nam	e:				
School/Organisation:								Work phon	e:		Home ph	none:	
Mobile:			Email:					BIC No:			Panel co	de:	
Reasor	n for trav	/el:											
Frequent flyer membership details				ails									
All trave	l arranger	ments m	ust be bool	ked/confir	med by a Q	CAA Trav	/el Bookin	g Officer. For f	further info	rmation	please see	the QCAA	Travel Policy
C I will com	arrive be ments.	efore the	e start date	e and/or w	ill be stayin	ig past th	ne comple	tion date for p					-
⊖ I will	travel wi	ith some	one else -	– provide	details in 0	Other cor	mments.						
Other comments:													
Air travel 24-hr clock, e.g. 14:30									0				
Date:			From:			То:		Pre	ef Depart:		Pro	ef Arrival:	
Date:			From:			То:		Pre	ef Depart:		Pro	ef Arrival:	
Date:			From:			То:		Pre	ef Depart:		Pro	ef Arrival:	
Date:			From:			To:		Pre	ef Depart:		Pro	ef Arrival:	
					ected fron equal or h			arture. Pleas	e choose	flight	s carefully,	as any	changes wil
Car hi	re									24-hi	r clock, e	.g. 14:3	0
Collect	from:								Da	ate:] Time:	
Return	to:								Da	ate:] Time:	
Collect	from:								Da	ate:] Time:	
Return	to:								Da	ate:		Time:	

The information you provide on this form will be used in administering and managing travel bookings as part of legislative functions described in *Education (Queensland Curriculum and Assessment Authority) Act 2014* (ss.9-20) and the *Financial and Performance Management Standard 2009* (s.19). Personal information will be accessed by authorised QCAA staff, and handled in accordance with the *Information Privacy Act 2009*. Personal information will be disclosed to relevant airlines, car hire companies, accommodation suppliers, government auditors and other authorised government agencies where legally required.



Accommodatio	on								
If staying in privat	e accommodation	(a relative or fi	riend's place o	f residen	ce) at any sta	age, state	dates be	elow.	
Date from:	Date	to:							
Hotel booking det	ails below: All trav	ellers booked t	through QCAA	are prov	vided with a s	ingle roor	n.		
Hotel booking Please provide the ver	nue and address of you	ır meeting and QC	CAA will book the r	nearest hot	In date	Time	0	out date	No. nights
Meeting venue de	etails including add	ress if known:							
]			
	or analog at the br								
	car space at the ho nicle: QCAA sta		-annroval to	⊖ Yes					
	r payment of moto					a evidenc	e to sho	w that the	vehicle is
covered either by	y a comprehensiv Government again	e or third-par	ty property d						
I wish to use booking form.	my private vehicle	for official trav	el and have pr	ovided a	n endorsed c	opy of my	y insuran	ce policy wi	th this
Travel start date:		Return date:			Est. km	(incl. retu	rn):		
From address:				To add	ress:				
	nicle: QCAA Mai		•			-	-	motor vehi	icle
Motor vehicle allo	wance will be paid	at a rate of 37	.5c per km, ar	nd is calc	ulated from h	ome to th	ne QCAA	location.	
	l only be paid for o in a return journey				ntre or accon	nmodatio	n facility.	QCS Mai	rkers must
Panellists must t	ravel over 50 km ir	n a return journ	ey to be eligib	le to mal	ke a claim.				
Travel start date:		Return date:		Est	. km (incl. ret	urn):		(use Googl for estim	•
From address:				To add	ess:				
A					E				
Approval									
Name:									
Position: Signature: Financial delegate									
Date:	Cost cen	tre:	Analysis co	de:					
Traveller inform	nation								
	eceive a copy of the confirmation if req		king confirmat	ion. Plea	ise nominate	a QCAA	staff men	nber to rece	eive a
cc Staff member:									
Travel booking	officer <u>use only</u>	Z							
Travel booking of	ficer:	Da	te:		nfirmation ailed:		cc: QCA emailed	A contact	