

Travel Request Form

This form must be completed by all MCRI business travellers prior to departure along with the required leave request form and have these approved in writing by their manager.

SECTION 1 – DETAILS OF APPLICANT

NAME OF TRAVELLER (AS PER PASSPORT): _____

EXTENSION NO: _____ EMPLOYEE NO: _____

EMAIL ADDRESS: _____

RESEARCH GROUP/WORK AREA: _____

FUNDING SOURCE / COST CENTRE: CM50428

SECTION 2 – TRAVEL INFORMATION

TRAVELING: Domestic International

DESTINATION: _____

DFAT RISK LEVEL – International Travel Only: Level 1

www.dfat.gov.au/index.html

PURPOSE FOR TRAVEL: _____

RELEVANT DATES OF ATTENDANCE: _____

EXPECTED TRAVEL OUTCOME: _____

DEPARTURE DATE: _____ RETURN DATE: _____

NOTE: DFAT Travel Advisories with a Level 4 "Reconsider your need to Travel" & Level 5 "Do not Travel" must complete & attach the Security/Safety Plan Form.

SECTION 3 – PRIVATE TRAVEL

Are you taking any Annual Leave / Long Service / Leave Without Pay etc that is not time at home in conjunction with this trip? If yes, please list the dates and type of leave below. MCRI has adopted a policy whereby at least 60% of the total travel time must be for business purposes. Where the private portion of a trip equals or exceeds 40% of the total trip duration then 50% of the "direct return" cost of the airfare will be payable to The Institute by the staff traveller to avoid tax consequences. Such travel is referred to as having a "dual purpose".

TYPE OF LEAVE: _____

PRIVATE TRAVEL START DATE: _____ PRIVATE TRAVEL END DATE: _____

LEAVE APPLICATION COMPLETED YES NO

SECTION 4 – TRAVEL SUMMARY

FIRST DAY OF TRAVEL: _____ LAST DAY OF TRAVEL: _____

NO. OF BUSINESS DAYS: _____ NO. OF PRIVATE DAYS: _____

SECTION 5 – ESTIMATED TRAVEL COSTS (AUD\$)

AIRFARE (incl taxes):	\$	
FEES (conference / seminar):	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
IMMUNISATIONS:	\$	
VISAS	\$	
OTHER:	\$	
ESTIMATED TOTAL COST:	\$	0.00

Please indicate flight details e.g date, flight no, airline here

SECTION 6 – EMERGENCY CONTACT DETAILS

Complete Emergency Contact Details whilst travelling only if not staying in booked accommodation.

FULL NAME: _____

RELATIONSHIP TO STAFF MEMBER: _____

ADDRESS: _____

EMAIL: _____

PHONE / MOBILE: _____

SECTION 7 – EMPLOYEE DECLARATION

- I confirm that I have read and will comply with the MCRI Travel Policy and Travel Procedure.
- I confirm that I have made arrangements to cover my MCRI duties for my absence.
- I have sought medical advice for my GP or other medical professional in relation to any pre-existing conditions and have been given clearance to travel.
- I have sought medical advice regarding travel health and necessary immunisations.
- I have copied all documentation (tickets/passport/insurance/bank/card details) and will be carrying them separately from the originals
- For international travel, I confirm that I have read and understood DFAT travel advice.
- Traveller has registered with DFAT as a 'smart traveller'
- Additionally for all DFAT nominated High Risk Level 4 & 5 Destinations – A Security/Safety Plan has been completed and is attached to my Travel Plan for consideration.
- I understand that if I have not arranged prior reimbursement to The Institute for dual purpose travel (if applicable) then post tax Payroll deductions will be my default contribution method. Deductions will commence within two (2) pay cycles of my return from travel for three (3) pay cycles.

Pls sign :

* Applicant's Signature:

Date: