

TPN CLAIM FOR ALLOWANCES IN RESPECT OF ATTENDANCE AT:

If filled by hand please use CAPITALS

TPN event name			
TPN initials		Venue	
Course Date(s)		Course Times	
Participant's Name			
SCHOOL NAME & ADDRESS		HOME ADDRESS	
		EMAIL:	

Travel regulations: Participants are entitled to a refund of the cost of bus or train fares. Travel allowances will be in respect of travel from home or school, **whichever is nearer to the course venue** – please supply both addresses above. **Kilometre** allowance may not be paid in respect of claimants who have travelled less than **16 Kilometres** (single journey) to the course and only where public transport is not available. The rate for Teachers' Travel Allowance is 16.92 cents per Kilometre.

	Bus/Train Fare	From Where	To Where	KILOMETRES travelled if own car used
Journey <u>to</u> Course centre				
Journey <u>from</u> Course centre				
Total <i>Kilometres</i> travelled per day				

If public transport was not used please state the reason/s:

If an overnight stay was required TES rates will apply. Please indicate the number of nights involved

Certificate:

I certify that (a) I was in full-time attendance at this course and that all the information given here is true; (b) the expenses charged have been actually and necessarily disbursed in relation to the above courses; (c) the particulars furnished herein are in all respects true; (d) no claim in respect of the same period has or will be made elsewhere; (e) I am aware that the state will accept no liability in respect of any loss, injury or damage of any description resulting from my use of a private motor vehicle whether the risk is or is not covered by the policy of insurance; and (f) the subsistence and other allowances that I claim are correct according to the relevant regulations.

Signed: _____ Claimant

Date: _____

Approved by _____ Tutor/Treasurer/Coordinator

Date: _____

Please return to the appropriate coordinator

Company Name:	Amount for travel	
Department Code:	Amount for overnight	
Checked by:	Amount for Subsistence	
Passed for Payment:	TOTAL	
Authorised by:	Ref in TPN5:	
Cheque No: Date:		