



CLAIM FOR RELOCATION ALLOWANCE

(APA, UPA, Gledden, Hackett, Prescott & full Jean Rogerson Scholarship Awards)

An award holder who relocates to Perth to commence their scholarship is entitled to receive, upon the production of original tax receipts, relocation expenses of up to a maximum amount equivalent to:

- Economy class or student airfare for award holder, spouse and dependents for travel to Perth, up to a maximum of \$530 per person. This includes airfares to Perth from within Australia, New Zealand or other countries, but the maximum reimbursement for each eligible airfare is \$530.
OR
travel by car, for which a reimbursement of fuel cost can be claimed upon production of original tax receipts, to a maximum of \$530. Accommodation and meal costs for the journey are not included.
- Removal expenses of up to \$600 per adult and \$250 per child up to a maximum of \$1,700.

Full name:	<input style="width: 100%;" type="text"/>				
Title:	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>
Student Number:	<input style="width: 100%;" type="text"/>		Phone Contact:	<input style="width: 100%;" type="text"/>	
Type of Award:	<input style="width: 100%;" type="text"/>				
Scholarship Held:	<input style="width: 100%;" type="text"/>			Masters/PhD	
Postal Address:	<input style="width: 100%;" type="text"/>				Postcode: <input style="width: 100px;" type="text"/>
Dates of Travel:	From:	<input style="width: 150px;" type="text"/>	To:	<input style="width: 150px;" type="text"/>	

TRAVEL/EXPENSE DETAILS

		Excl. GST	GST	Total	Office Use Only
Airfares	Self	\$	\$	\$	\$
	Spouse	\$	\$	\$	\$
	Dependents	\$	\$	\$	\$
Car Travel	Fuel Costs	\$	\$	\$	\$
Removal Expenses		\$	\$	\$	\$
TOTAL CLAIMED		\$	\$	\$	\$

Declaration of Award Holder	
I declare that the information supplied by me on this form is complete, true and accurate in every particular	
Signature: _____	Date: _____
<i>If claiming for a de facto spouse, please ask staff for a Statutory Declaration form which must be completed before the claim can be assessed.</i>	

OFFICE USE ONLY

Payment Authorised	
Signature _____	Date _____

BU: 9 5 3 1 0	Acc: 6 7 2	PG: _____
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