

CLAIM FOR RELOCATION ALLOWANCE

(RTP, UPA, Gledden, Hackett & full Jean Rogerson Scholarship Awards)
Please circle as appropriate

An award holder who relocates residence to Perth to commence their scholarship may be reimbursed for relocation costs provided proof of previous residence and original tax receipts are submitted up to the maximum amounts as specified below.

- Economy class or student airfare for award holder, spouse and dependents for travel to Perth from within Australia, up to a maximum of \$530 per person.

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:

Title: Dr Mr Miss Ms Mrs

Student Number: **Phone Contact:**

New Address:
(please update in studentConnect) Postcode:

Dates of Travel: From To:

FULL DETAILS OF TRAVEL CLAIM *If claiming for a de facto spouse, please PTO and complete Statutory Declaration.*

EXPENSES		TOTAL	OFFICE USE ONLY		
			GST	EXCL GST	APPROVED
Airfares etc	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.

Signature: _____ Date: _____

OFFICE USE ONLY	PAYMENT AUTHORISED
Signature: _____ Date: _____	
BU: _____	PG: _____

PTO

Commonwealth of Australia
STATUTORY DECLARATION
Statutory Declarations Act 1959

I, _____ (NAME)

OF _____ (ADDRESS)

OCCUPATION _____ STUDENT _____

make the following declaration under the *Statutory Declarations Act 1959*:

- I am currently in a bona fide de facto relationship with _____ (DE FACTO NAME), and we are living together with a mutual commitment to each other.
- My de facto spouse has/will be relocated/relocating with me to take up residence in Perth whilst I complete my studies.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

SIGNATURE _____

Declared at _____ (PLACE)

On this _____ (DAY) of _____ (MONTH) _____ (YEAR)

Before me,

SIGNATURE OF WITNESS _____

Please print
FULL NAME OF WITNESS _____

TITLE OR QUALIFICATION OF WITNESS _____

ADDRESS OF WITNESS _____

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

Note 2 Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.

A statutory declaration under the *Statutory Declarations Act 1959* may be made before-

a person who is currently licensed or registered under a law to practise in one of the following occupations:

Chiropractor	Dentist	Legal practitioner
Medical practitioner	Nurse	Optometrist
Patent attorney	Pharmacist	Physiotherapist
Psychologist	Trade marks attorney	Veterinary surgeon

OR a person who is in the following list:

Justice of the Peace	Commissioner for Declarations	Notary Public
Magistrate	Police Officer	Clerk of a court

A full list of authorised witnesses is available at either of the following:

http://www.legalservices.uwa.edu.au/iso/witness_documents/authorised_persons

<http://www.ag.gov.au/statdec>

This form is to be completed by the supplier

Vendor ID (or Staff/ Student Number, if applicable)

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Vendor Name

Vendor Bank Details

Name of Financial Institution
(ie. Westpac, NAB etc.)

Address/ Branch of
Financial Institution

Suburb _____ State _____ Postcode _____

Australian Business
Number (ABN)

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BSB Number

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Account Number

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E-Mail Address (For receipt of remittance advice)

Please attach supporting evidence of bank details i.e. invoice on company letterhead containing bank account details, bank statement or deposit slip.

Conditions of use of EFT:

- Future payments made by The University of Western Australia will be by EFT.
- The above-named Business agrees to repay to The University of Western Australia on demand any payments credited to the Business in error or as a result of incorrect information supplied on this form. The University of Western Australia reserves the right to off set the amount of any overpayment made in error against any future debt or liability owing to The University of Western Australia by the Business.
- The University of Western Australia reserves the right at any time to terminate or suspend this EFT payment system and to pay by any other manner which The University of Western Australia may determine from time to time.

In relation to the above bank details submitted to The University of Western Australia, I hereby certify the above information to be correct, and agree to the above conditions.

This form is to be signed by the vendor or the personnel receiving funds only.

Position:		Name:	
Phone:		Signature:	
Fax:		Date:	

For Completion by Financial Services

Vendor ID _____	Approved By _____
Date _____	Approval Date _____
Actioned By _____	Comments _____