Melbourne Archdiocese
Catholic Schools

Request for Approval of International Travel

MARYMEDE CATHOLIC COLLEGE
In the way of Mary

Name of person travelling	First name:	Surname:	
Position			
School			
Contact details	Work phone:	Mobile phone:	
	Email address:		
Purpose of travel *(If professional learning, attach supporting documentation)*			
Countries to be visited *(Attach detailed itinerary, and/or conference details, agendas)*			
Departure date		**Return date**	
Total number of days overseas *(Include day of departure and day of return)*		**Total number of leave days overseas** *(This refers to ordinary paid leave, leave without pay or long service leave)*	
If more than one person from your school will be undertaking this travel, please attach a coordinated submission for approval		☐ Attached	☐ Not attached

Total cost to school	**$**	**Costs met from other sources** *(Specify source and amount)*	
Fares	$		$
Travel insurance	$		$
Accommodation	$		$
Registration/conference fees	$		$
Meals and incidentals	$		$

To be charged against *(For office use only)*

Entity	
Account name	
Account number	

I hereby certify that:	Please select
I have checked the Smartraveller website and there is no warning against travel to any of the countries I will be visiting	☐
I will arrange medical advice and any necessary immunisations for the countries I will be visiting within the required timeframes for the immunisations' efficacy	☐

Traveller's signature		Date:

Emergency contact details		
Name		
Address		
Relationship to employee		
Phone number	Work:	Mobile:
Email address		

Approvals – refer to MACS Instrument of Delegation of Authority
(Tickets may be booked, but must not be purchased until the appropriate approval has been obtained)

Note: A travel diary must be completed by the traveller and authorised by the relevant approver within 15 working days of the traveller's return to the workplace for any international trip six or more nights long. The diary, along with compliance declarations, will be used to determine business and private (if any) expenses for fringe benefits tax (FBT) purposes.

Principal		Date:
Senior Manager, School Leadership		Date:
Director, Education Excellence		Date:
Executive Director		Date:

Scan signed form and provide to relevant approver.