

## TRAVEL APPROVAL FORM

Supporting the **Yinhawangka**, **Banyjima** and **Nyiyaparli** people

This form must be returned to IBN Organisation Support (orgsupportservices@ibngroup.com.au) 7 days prior to travel.

•											
Name:					DOB:	DOB:					
Mobile Phone:					Meml	Membership Number:					
Address:											
Reason for trave	 el:					V					
Departure date:					Retur	Return date:					
Flight			Vehicle								
Accommodation: lotel			P	Personal Number of nights							
Daily Allowance	- Please ticl	k the appi	ropriate bo	oxes.							
Items	2023-2024 ATO Rate	Date	Date	Date	Date	Date	e Dat	e Dat	e T	otal (\$)	
Breakfast	\$32.10								7		
Lunch	\$36.10										
Dinner	\$61.50							3 7 /			
Incidentals	\$23.00									in the second	
Note: Meal allowan Other Travel Exp	oenses		T	itering is prov	ı	eting days	1		T	1	
Items		ate	Date	Date	Date	Date	Date	Date	Date	Total (\$)	
Accommodation		250.00									
Mileage (cents/km)		0.85									
Pre-Travel Payment		300								_	
							Total o	ther travel	expenses	S:	
Fravel Declaration understand that poparticularly that any any allowance paid	rocesses are y additional	cost incu	rred throu	gh missed flig	hts are my						
Fraveler's Declaration:						Date:					
			S	ignature							
BN Approval:											
							D	ate:	/ /		
			S	ignature							