Before completing this application, please read the Te Pukenga Sensitive Expenditure Policy on Travel (Section 10) and Unitec Travel Policy & Travel Procedures documents

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Staff Full Name: |  | | |
| Staff ID No: |  | Department: |  |
| Passport:  (for overseas travel) | (document Country of issue, Expiry Date & Passport Number) | | |

1. **Purpose of Trip and how it is funded 🗹**

**Funding:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Unitec Funds |  | Other Funding source\* |

**Purpose:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Discretionary - conference / seminar | 5 | Non-discretionary - Syllabus related |
| 2 | Discretionary - professional development | 6 | Non-discretionary - Research purposes\* |
| 3 | Discretionary - new market development /strategic alliances | 7 | Travel-other - discretionary (specify) |
| 4 | Non-discretionary - teaching | 8 | Travel-other - non-discretionary (specify) |

|  |
| --- |
| *Detail how the travel relates to Unitec business (full title of conference, purpose of course or proposed meetings).  If “other funding source”, provide details of how the travel qualifies for this funding and include written evidence from the external party accepting the travel costs.* |

\*Attach supporting documentation

1. **PROPOSED Travel & ACCOMMODATION Itinerary**

**🞏** Tick if the trip includes a portion of personal travel and include in the detail below.

|  |  |  |
| --- | --- | --- |
| **Date from (dd/mm/yy)** | **Date to (dd/mm/yy)** | **Daily Itinerary** *(detail)* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **HEALTH AND SAFETY**

Check ALL your destinations of travel on <https://www.safetravel.govt.nz/travel-advisories-destination>

**Are any of the areas you are proposing to travel to identified as Avoid non-essential travel or Do not travel? 🞏 Yes 🞏 No**

If you answered yes, your travel application must be pre-approved by the Regional Executive Director.   
Print the *travel advisory* and include with this application.

1. **Travel & ACCOMMODATION ESTIMATED COSTS** (in NZ$, GST inclusive)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Total Costs $** | **Unitec funds (excl. Cash Advance) $** | **External funds**  **$** | **Personal funds $** | **Cost Centre** | **GL Code** | **Project code** | **Cash Advance $** |
| Airfares |  |  |  |  |  |  |  |  |
| Accommodation |  |  |  |  |  |  |  |  |
| Meals |  |  |  |  |  |  |  |  |
| Conference Fees/ Marketing Fairs |  |  |  |  |  |  |  |  |
| Other (e.g. Taxis) |  |  |  |  |  |  |  |  |
| **Total Estimate $** |  |  |  |  |  |  |  |  |

NOTE 1: The approved amount will become the budget and all spending associated with this travel application is expected to remain within this budget

NOTE 2: All amounts must add up to Total Costs and Total Estimate

NOTE 3: Travel cash advance requests must be pre-approved by the Regional Executive Director for the specific travel and traveller

NOTE 4: Cash advance request – Any unused portion of the Cash advance is to be repaid to Unitec and supporting evidence of the deposit to Unitec’s bank account must be attached to the Expense Report

NOTE 5: As per Te Pukenga guidelines, meals costs (GST incl.) are $35 for breakfast, $35 for lunch, $57 for dinner. Any consumption of alcohol during meals are at the cost of the traveller

NOTE 6 All airfares, accommodation and car rentals must be booked via Orbit. Accommodation is to be booked to the economy standard within Aotearoa New Zealand, on or under the rate of NZD$300 (GST Incl.) for Auckland and Wellington and NZD$240 for other locations per night.

NOTE 7: Per diem allowance is only for academic staff going overseas to lecture at partner university.

1. **Traveller Declaration**

I confirm the details provided are true and correct. I agree to meet my obligations as set out in the National Expenditure Policy and Unitec Travel Policy, including providing (as necessary) a travel report, an expense reconciliation and submission of GST receipts for expenses.

I declare that I am not aware of any medical conditions that could preclude my ability to undertake this travel.

|  |  |  |  |
| --- | --- | --- | --- |
| Traveller’s Signature and Date: |  |  |  |

**ApprovalS section** (as specified)

Manager to review and **traveller to** **pass this application to all the relevant people** below for approval.

**Approval Schedule** (tick for approvals required)

|  |  |  |
| --- | --- | --- |
| **Approvals** | **Signature** | **Print Name & Date (dd/mm/yy)** |
| 🞏 **Line** **Manager** confirms the travel proposal is an essential business related activity, that budget is available and appropriate leave is approved |  |  |
| 🞏 **Cost Centre** **Manager** with Delegated Financial Authority confirms the travel proposal is an essential business related activity, that budget is available and appropriate leave is approved |  |  |
| 🞏 **DCE - Academic** to approve where the travel is associated with course travel |  |  |
| 🞏 **Director - Research & Enterprise/Nga Wai a Te Tui** to approve where the purpose of the travel is related to Research |  |  |
| 🞏 **Director Marketing & Communications** to approve where the purpose of the travel is related to Marketing or Communications |  |  |
| 🞏 **Senior Leader – limited to functional responsibility** |  |  |
| 🞏 **Regional Executive Director -** final approver for **ALL** travels |  |  |

1. **Checklist (🗹** where relevant**)**

**🞏** Leave request submitted

**🞏** Photocopy of passport ID page attached

**🞏** Costs and justification completed in full

**🞏** For ‘DO NOT TRAVEL” destinations: MFAT Travel advisory attached.

Once completed and approved, send this form with supporting documentation to your Travel Co-ordinator who will make the travel bookings for you. If the travel does NOT go ahead, please also notify your Travel Co-ordinator ASAP.