

# Application for Travelling Expenses in Connection with a Review

This form is to be used when applying for travel expenses in connection with a review by:

- **the Veterans' Review Board (VRB);**
- **the Administrative Appeals Tribunal (AAT); or**
- **the Specialist Medical Review Council (SMRC).**

The travelling expenses may have been incurred by attending a hearing of the VRB, attending before the AAT, or by obtaining medical evidence relevant to your review by the VRB or the SMRC.

If you travelled to obtain a medical report, that report must be lodged with the VRB or SMRC before travel expenses can be paid.

You must lodge this form within three (3) months of the travel you are claiming for. Applications received later than three (3) months after completion of your travel cannot be paid.

Do **NOT** use this form to claim for transport expenses for **treatment** of an accepted disability.

**When completed, this form is to be forwarded to  
your Department of Veterans' Affairs Office  
(addresses are on page 3 of this form)**

The information you provide on this form is required to process an application for travelling allowance under the *Veterans' Entitlements Act 1986*. The Act requires that an application be made on this form, approved by the Repatriation Commission. Some of the information provided will be disclosed to the Department of Finance for processing purposes.

**PLEASE USE BLOCK LETTERS**

**1** Your surname

**2** Given names

**3** Pension number (DVA file number)

**4** Your home address  
  
 .....  
 Postcode

**5** Postal address (if same as home address, write "as above")  
  
 .....  
 Postcode

**6** A phone number you can be contacted on during business hours  
 (  )

**7** Reason for travel in connection with a review (*tick all applicable boxes*)

To obtain medical evidence for the  
 Veterans' Review Board   
 Specialist Medical Review Council

To attend a hearing at the  
 Veterans' Review Board

To attend before the  
 Administrative Appeals Tribunal

**8** Disability/ies under review  
  
 .....

**9** Name and address of the practitioner or organisation you visited  
  
 .....  
 .....

**10** Name and address of any other practitioner or organisation you visited  
  
 .....  
 .....

**11** Suburb or town you were travelling from and returning to (if different from your home address)

**12** Kilometres travelled for the return trip (by the most direct route)

**13** Were you pre-paid for your travel?  
 Yes  No

**14** Did you travel by:  
 Private car, bus, train, tram, ferry   
 Taxi (*attach receipts*)   
 Air (*attach receipts*)

**15** Did you travel with an attendant?  
 Yes  No

**16** Did you also obtain treatment for a condition which has already been accepted or for a matter in connection with a new claim to the Repatriation Commission?  
 Yes  No   
 If Yes, have you or do you intend to separately claim travelling expenses for that treatment or new claim?  
 Yes  No

**17** Complete this section only if you are claiming for overnight accommodation related to your travel

Type of accommodation	Number of nights
Hotel/Motel shared with attendant ( <i>please attach receipts</i> )	<input type="text"/>
Hotel/Motel not shared ( <i>please attach receipts</i> )	<input type="text"/>
Hostel/special hospital unit ( <i>please attach receipts</i> )	<input type="text"/>
Stayed with family/friends ( <i>receipts NOT required</i> )	<input type="text"/>
Date of the first night of your stay	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Please remember:**

- read and sign the declaration on page 3 of this form;
  - the authorised VRB, AAT or SMRC officer must fill in and sign the appropriate box on the back of this form;
  - attach receipts and unused travel warrants.
- FAILURE TO DO SO WILL DELAY PROCESSING.**

## 18 Declaration

I declare that the details I have provided in this form are correct to the best of my knowledge;

I will pay my attendant any monies owed; and

I have attached any required receipts.

Your signature

Date

## Authority to act on behalf of an applicant who is *unable to sign*

Your surname

Your given names

Address

Postcode

Telephone numbers

Home

( )

Work

( )

I declare that I am authorised by

to act on her/his behalf in matters relating to this application.

Signature

Date

Send the completed form to the Department of Veterans' Affairs, in the capital city of the State in which you live.

Addresses and contact numbers for the Department are listed below.

**Allow 30 days for your application to be processed.**



For more information please call the Department of Veterans' Affairs (from anywhere in Australia) on:

**133 254**

Callers from regional Australia can call:

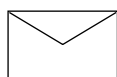
**1800 555 254**

To contact your local Veterans' Affairs Network (VAN) Office please call:

**1300 55 1918**

If you wish to call DVA in another State please call:

**1300 13 1945**



The addresses of the Department of Veterans' Affairs offices for the return of this form are:

### State Offices:

#### NSW/ACT

Centennial Plaza Tower B  
280 Elizabeth Street  
GPO Box 3994  
Sydney NSW 2001

#### SA/NT

Blackburn House  
199 Grenfell Street  
GPO Box 1652  
Adelaide SA 5001

#### VIC

300 Latrobe Street  
GPO Box 87A  
Melbourne Vic 3001

#### WA

AMP Building  
140 St Georges Terrace  
GPO Box F352  
Perth WA 6001

#### QLD

AMP Place  
10 Eagle Street  
GPO Box 651  
Brisbane Qld 4001

#### TAS

21 Kirksway Place  
Cnr Gladstone Street  
GPO Box 481E  
Hobart Tas 7001

# OFFICE USE ONLY

	Attendant	Applicant	= \$	Total
Private car trips - Total km travelled	<input type="text"/>	<input type="text"/>	= \$	<input type="text"/>
Public transport - Total km travelled	<input type="text"/>	<input type="text"/>	= \$	<input type="text"/>
Taxi - Fares	<input type="text"/>	<input type="text"/>	= \$	<input type="text"/>
Total cost of air travel	<input type="text"/>	<input type="text"/>	= \$	<input type="text"/>
Meal allowance - Number of part days - 50-200km	<input type="text"/>	<input type="text"/>	= \$	<input type="text"/>
	<input type="text"/>	<input type="text"/>	= \$	<input type="text"/>
Total parking fees		<input type="text"/>	= \$	<input type="text"/>
<b>Accommodation</b>				
<b>Capital city</b>				
Shared commercial - Number of nights	<input type="text"/>	<input type="text"/>	= \$	<input type="text"/>
Single commercial - Number of nights		<input type="text"/>	= \$	<input type="text"/>
<b>Non-capital city</b>				
Shared commercial - Number of nights	<input type="text"/>	<input type="text"/>	= \$	<input type="text"/>
Single commercial - Number of nights		<input type="text"/>	= \$	<input type="text"/>
Subsidised - Number of nights	<input type="text"/>	<input type="text"/>	= \$	<input type="text"/>
Private - Number of nights	<input type="text"/>	<input type="text"/>	= \$	<input type="text"/>
<b>Total</b>			<b>\$</b>	<input type="text"/>

## Recommendation

Approve payment under s. 132 / 170B / 196ZO

Travel	\$	<input type="text"/>
Meals	\$	<input type="text"/>
Accommodation	\$	<input type="text"/>
<b>Total</b>	<b>\$</b>	<input type="text"/>
Examiner's signature	<input type="text"/>	Date <input type="text"/>

## Approval

Payment of \$  approved / not approved.

Commission delegate's name	<input type="text"/>		
Position No.	<input type="text"/>	Designation	<input type="text"/>
Commission delegate's signature	<input type="text"/>	Date	<input type="text"/>

## Authorised Officer (AAT, VRB, SMRC) to complete

Reason for attendance	<input type="text"/>		
Appointment time	<input type="text"/>	am pm	Date <input type="text"/>
Authorised Officer's name	<input type="text"/>		
Designation	<input type="text"/>		
Authorised Officer's signature	<input type="text"/>	Date	<input type="text"/>

## Counter payment

Received the sum of

	\$	<input type="text"/>
Claimant's signature	<input type="text"/>	
Date	<input type="text"/>	
Cashier's signature	<input type="text"/>	