



Movement Request for INTERNATIONAL University Travel

Form 4425.2

IMPORTANT: Enter Movement Request Code consisting of travelling person's initials followed by date of departure eg JD010117

****PLEASE NOTE: PREFERABLY ALL TRAVEL SHOULD BE BOOKED 21 DAYS IN ADVANCE TO ENSURE THE BEST AVAILABLE PRICE****

It is essential that all staff, prior to undertaking any International Travel from the campus at which you are based complete this form in accordance with the [Travel Policy](#) and [Procedures](#).

TRAVELLER'S DETAILS (Note * denotes mandatory field – forms will not be processed unless ALL mandatory fields are completed)

*Traveller's Name:	*All hours contact number(s):
*Traveller Type: <input type="checkbox"/> Staff Member <input type="checkbox"/> Student <input type="checkbox"/> Other (Please specify)	
*Faculty / School /Division:	*Employee/Student Number:
*Name on Passport:	*Passport Expiry Date: (Minimum of six (6) months validity required)
Passport Country: (Please attach copy)	Passport Number:
<i>NOTE: (Providing a copy of your passport is optional and enables the University booking officer to ensure all travel documentation is in order; this information is not retained and is destroyed once the booking is finalised).</i>	
*Have you confirmed Visa Requirements? <input type="checkbox"/> Yes (Please attach application) http://www.visasdirect.com.au <input type="checkbox"/> No Visa Required <small>(Please be advised some foreign Embassies take in excess of 30 days for Visa Processing)</small>	
I acknowledge that a travel diary will be completed for all International Travel Undertaken <input type="checkbox"/> Yes <input type="checkbox"/> No	

TRAVEL REQUIREMENTS

*Travel Classification: <input type="checkbox"/> Business Meeting <input type="checkbox"/> Conference <input type="checkbox"/> Research <input type="checkbox"/> Field Trip <input type="checkbox"/> Study Leave <input type="checkbox"/> Other
*Reason for Travel:
*Flights: (If insufficient space, please attach further details) Fare Class: <input type="checkbox"/> Economy <input type="checkbox"/> Business (Please justify)
*Travel Paid for by External Agency: Yes <input type="checkbox"/> No <input type="checkbox"/> if yes Name:

Departure Date	Time	Depart From	Arrival Date	Time	Arrive at	Flight No

***TRAVEL COSTS:**

If paid on University Purchasing Card (P-Card) – Cardholders Name:

Cost Type	Approx \$	Actual \$	Cost Code	P-Card	iExp # OR Reque#	P/O #
Airfares			/ / / /	<input type="checkbox"/>		
Accommodation			/ / / /	<input type="checkbox"/>		
Conference/Registration Fees			/ / / /	<input type="checkbox"/>		
Travel Allowance (Attached <input type="checkbox"/>)			/ / / /	<input type="checkbox"/>		
<input type="checkbox"/> Cash Advance: or <input type="checkbox"/> Reimbursement			/ / / /	<input type="checkbox"/>		
<input type="checkbox"/> Other (ie ground transport)			/ / / /	<input type="checkbox"/>		
<u>Less</u> Staff Contribution			/ / / /	<input type="checkbox"/>		
Total Travel Cost						



TRAVEL REQUIREMENTS (continued)

***Accommodation:** (If insufficient space, please attach further details)

*Hotel Name	City	Check in Date	Check out Date

***Other Travel Requirements:** (If insufficient space, please attach further details)

Item Required	City	Date From	Date To

***SMART TRAVELLER**

Please confirm the current travel advisory for your destination as per the Department of Foreign Affairs (DFAT) (www.smartraveller.gov.au) and indicate travel advisory level below (please attach documentation)

- Exercise normal safety precautions
- Exercise a high degree of caution
- Reconsider your need to Travel **VC Approval required – please complete [DFAT Memo](#) and submit
- Do Not Travel **VC Approval required – please complete [DFAT Memo](#) and submit

- Have you registered your travel details with Smartraveller Yes No (action before departure)
- Are your vaccinations current per Smartraveller requirements Yes No (action before departure)
- Have you completed Health Check for your travel destination Yes No (action before departure)

***PRIVATE TRAVEL**

Is private travel associated with this trip Yes (complete section below) No

What percentage (%) is personal travel: % Personal travel dates to

Are family members travelling with you? No Yes Please justify:

Specify personal contribution for travel undertaken \$

Private travel insurance undertaken (as per Travel Policy and Procedures) Yes No Policy No:

Please action insurance needs prior to submitting travel Request for Approval

****Please note: Travel in excess of 180 days is NOT covered by the University's Travel Insurance Policy. For ALL travel in excess of 180 days, please seek advice from the Treasury and Compliance Accountant on Ext 6078 or Procurement Manager Ext 7260 or via email: procurement@cdu.edu.au**

***Final Check: I have attached all the relevant documentation including details of conference/invitation to attend etc:** Yes No

***Emergency Contact Name:** and **Phone#:**
(to be completed by Traveller)

***Traveller (Please sign to certify all details on the form are correct)**

Signature of Traveller: Date:

Supported by: Line Manager, Supervisor	Approval delegation: VC, DVC, PROVOST, CFO, PVC
Approved <input type="checkbox"/> Declined <input type="checkbox"/>	Approved <input type="checkbox"/> Declined <input type="checkbox"/>
Name:	Name:
Signature of Supporter:	Signature of Approver:
Date:	Date:

I have declined this request due to:

****It is a requirement that the approved form is attached to all payment requests and the original is delivered or scanned to travelproc@cdu.edu.au**

