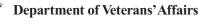


D803

Australian Government



## **Application for Travelling Expenses** in connection with a Review

## **Privacy notice**

Your personal information is protected by law, including the Privacy Act 1988. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

Read more: How DVA manages personal information

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Do NUT use this form to claim for	SECTION ONE Claimant to complete				
transport expenses for <b>treatment</b> of					
an accepted disability. You must	Your surname				
complete a <b>D800 form</b> if you wish	Given names				
to claim for transport for <b>treatment</b> .	DVA File Number				
This form is to be used when applying for travel	Contact phone				
expenses in connection with a review by:	HOME ADDRESS				
• the Veterans' Review Board (VRB);	Number and street				
• the Administrative Appeals Tribunal (AAT); or					
• the Specialist Medical Review Council (SMRC).					
The travelling expenses may have been incurred by	Suburb/town				
attending a hearing of the VRB, or of the SMRC	State POSTCODE				
attending before the AAT, or by obtaining medical evidence relevant to your review by the VRB or the	POSTAL ADDRESS (if different to home address)				
SMRC.	Number and street				
	Suburb/town				
If you travelled to obtain a medical report, that report must be lodged with the VRB before travel	State				
expenses can be paid.					
Ver must ledge this forme within through (10) months of	Claimant's Declaration				
You must lodge this form within <b>twelve (12) months</b> of the travel you are claiming for. Applications	I declare that the details I have provided in this form are correct to the				
received later than twelve (12) months after	best of my knowledge.				
completion of your travel cannot be paid.	I have attached all required receipts to this form.				
Send your claim to	I understand that giving false or misleading information is a serious offence.				
Department of Veterans' Affairs	For your claim to be accepted, you must sign and date this form.				
GPO Box 9998 Brisbane QLD 4001	CLAIMANT'S SIGNATURE				
Please Remember:					
	Date				
• read and sign the declaration on					
page 1 of this form;	If you are a person authorised to act on behalf of the claimant in				
• the authorised VRB, AAT or SMRC	matters relating to this claim, please give your full name and address.				
officer must fill in and sign the Authorised Officer details section on	Your full name				
the final page of this form;	Address				
<ul> <li>attach receipts and unused travel</li> </ul>					
warrants.	POSTCODE				
	Contact phone [ ]				
FAILURE TO DO SO WILL DELAY PROCESSING					

## **Claimant's appointment details** SECTION TWO Attendant details Travel purpose Reason for travel in connection with a review Did you travel with an attendant? (tick all applicable boxes) No Yes Name of attendant To obtain medical evidence for the Veterans' Review Board To obtain medical evidence for the Specialist Medical Address of attendant **Review Council** To attend a hearing at the Veterans' Review Board POSTCODE To attend before the Administrative Appeals Tribunal Accommodation details **Types of accommodation** Appointment details Private = family, friends etc. Date Time am/pm Subsidised = hostel, special hospital unit etc. • Commercial = hotel, motel etc. Transport details Specify type of accommodation, length of stay and date of first night. Give details of all transport, parking and road tolls used. Number Date of Ensure that the total provided is for the **return trip** (i.e. there of nights first night and back). No receipts are required for expenses under \$30. Private Attach receipts Subsidised Public transport = • Community = *transport by* bus, tram, train, ferry a community organisation Commercial Private vehicle km Attach receipts if \$30 or over Is this commercial accommodation in a capital city? \$ Public transport Yes No Taxi \$ Did you stay in separate commercial accommodation when travelling with an attendant? Community \$ Yes No Air \$ Health Provider details Parking fees \$ Provider type \$ Road Tolls Provider number Did DVA arrange/pay for this travel (e.g. booked car with driver or air)? No Yes Ensure the address details listed below are those of the Health Provider who supplied the medical report. If you did not travel from home, provide the address you travelled from Provider name POSTCODE Provider location address How far is the **return** journey from your home or temporary residence to the appointment location? POSTCODE (Include any side trips if you attended more than one Please attach a list of the Health Provider names and location appointment location). addresses if there was more than one.

## **SECTION THREE Authorised Officer details**

Authorised Officer from AAT,	VRB or SMRC to	o comple	ete					
Reason for attendance								
Appointment date	/ /	Appoin	tment time	a	m/pm			
Authorised Officer's name								
Designation								
Authorised Officer's signature				Date		_		
			/ / /					
Office Use Only								
			Attendant	Applicant	_	Total		
Private car trips – Total km trave	led				= \$	;		
Public transport – Total km trave	led				= \$	3		
Taxi – Fares					= \$	3		
Total cost of air travel					= \$	3		
Meal allowance – Number of pa	rt days - 50-200km	n [			= \$	3		
– Number of pa	rt days - Over 200k	m			= \$	3		
Total parking fees					= \$	5		
Accommodation								
<b>Capital city</b> Shared commercial – Numb	per of nights				= \$	3		
Single commercial – Numb	per of nights				= \$	6		
<b>Non-capital city</b> Shared commercial – Numb	an of nights	Γ			= \$			
	per of nights per of nights				= \$			
-	-	Γ						
Subsidised – Number of nig								
Private – Number of nig	\$hts				= \$			
Total					\$	;		
Recommendation	DR / 10070	- 1	Approval					
Approve payment under s. 132 / 170 Travel \$	JB / 1962U	- 1	Payment of	\$	app	proved / not approved.		
Meals \$			Commission	delegate's nar	ne			
Accommodation \$			Depitier N-	Desister	tion			
Total \$			Position No.	Designa	uon			
Examiner's signature		- 1	Commission	delegate's sigi	nature			

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