

AUTHORITY TO USE A PRIVATE MOTOR VEHICLE - CAMPING JOURNEYS

The information contained in this report is based on the details you have provided as part of your HR eXpert online enquiry on 1 Jun 2004 and is provided as guidance only. The government of New South Wales gives no warranty or undertaking that the information or results produced from using this system represent your true entitlement.

This authority only covers the use of a private motor vehicle for journeys that involve camping for one or more nights. It is intended to be submitted with a separate travel request that provides full information about the journey.

For further information, please contact your Human Resources or Finance area.

HR eXpert is based on the Public Sector Employment and Management Act 2002. If you are not currently employed under this act the following results may be inaccurate or misleading.

Employee Details

Name: Example Name	Serial/Employee No: Example No
Agency/Department: Example Agency	Division/Branch: Example Branch
Classification: Example Classification	Grade: Example Grade

Travel period	5 Jul 2004 - 7 Jul 2004
Reason for travel	Deliver presentations at the Regional Initiatives Forum
Travel plan details	Drive from Dubbo to Moree and return

Summary of Estimated Private Motor Vehicle Costs

I am seeking approval to travel using my private motor vehicle for the reason that: Deliver presentations at the Regional Initiatives Forum. Based on this, I request approval to claim the official business rate per kilometre for my journey. I understand my entitlements have been estimated at this rate, but payment at this rate is subject to approval. I also note that my motor vehicle allowance cannot be included within any cash advance.

Type	Details	Rate	Estimated cost
Private vehicle allowance Official business rate Under 1600 cc	530 KMS travelled	\$0.506 per KM	\$268.18
TOTAL ESTIMATED COST			\$268.18

Approval Details

My private vehicle details are:

Vehicle type/engine capacity	Under 1600 cc
Registration number	Example registration
Registration expiry date	15 Dec 2004
Insurer's name	Example insurer
Comprehensive insurance policy number	Example number
Insurance expiry date	10 Jul 2005

Employee's signature: _____ Date ____/____/____

Approval

Recommended by: _____ Date ____/____/____

Approval by Delegated Officer: _____ Date ____/____/____