**AUTHORISED UWA BUSINESS/STUDY TRAVEL**

The UWA Claimant/Traveller completing this form has a claim to make under the UWA travel insurance policy. This person is not required to disclose details of their insurance claim to their UWA Supervisor/Manager. Insurance claims made through the UWA travel insurance policy are strictly confidential.

This signed authorisation is required in order to verify UWA business related travel dates (as opposed to private travel, which is not covered by UWA’s insurance policy) and in order to have a travel insurance claim considered under the UWA travel policy for the insurer’s settlement, which requires UWA authorisation.

** A flight itinerary (if travel includes more than Australian local land travel) should be attached with this authorisation declaration with your completed travel insurance claim form.

Name of UWA Traveller/Claimant: ______________________________________________
Staff/Student ID Number:_______________________________________________________
Departure Date: ______________________________________________________________
Return Date:  _____________________________________________________________
Approved location(s) and individual dates at each location: (if more than one location)

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<th>LOCATION</th>
<th>DATE FROM</th>
<th>DATE TO</th>
<th>PRIVATE / UWA</th>
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** Authorised and Confirmed by University of Western Australia:** (please print clearly)
This section must be completed by your immediate Supervisor or Exchange Co-ordinator confirming approval or verification of approved UWA travel dates above.

Full name of Authorised UWA Staff Member: _______________________________________________
Title/Position: ___________________________________________________________________________
Contact email: ____________________________________________ Phone: _________________________
UWA Department/School/Business Unit/Faculty: _______________________________________________
Signature: ________________________________________ Date: ________________________________

** Does this travel claim include costs that are to be reimbursed to the Faculty/School/Department BU? …………………

If so, please have the traveller initial below to confirm that they understand and agree to make immediate payment in reimbursement back to the Business Unit from their settlement sum, once received from the insurer. (Payment is via EFT to Claimant, less $300 excess)

I agree to these terms.
Claimant/Traveller signature ................................................................. Date ..............................................

**Insurer verified:**