



FACULTY OF INFORMATION TECHNOLOGY INTERNATIONAL TRAVEL - STUDENT

- Please familiarise yourself with the QUT “Protocol for Staff and Student Overseas Travel” <http://www.qut.edu.au/admin/registrar/> and attach the “Student Overseas Travel Application” Form and the “Student Overseas Travel Assumption of Risk and Exclusion of Liability Agreement”
- Students must obtain initial quote for any travel. Please attach copy of quote/itinerary to this application. Students are encouraged to contact STA Travel - X2215 to make travel arrangements.
- If the total period of travel involves an absence of 6 nights or more (including any non QUT days), you must complete a Travel Diary upon your return and submit this to the relevant Administration Officer in your area within 20 days of return. http://www.abs.qut.edu.au/forms/pdf/travel_diary.pdf
- If you receive an advance on expenses, you must complete a reconciliation of expenditure and submit to the relevant Administration Officer in your area within 20 days of return. http://www.abs.qut.edu.au/supply_services/travel/reconciliation.html

Name:	
Organisational Unit:	

Title of Activity:	
Location:	Duration:

Title of paper being presented (<i>attach copy</i>)	
Please note that on your return you must complete the attached Publications Checklist and forward to your Centre Administrator for DEST Collection purposes	
Will paper be published:	Yes / No (<i>attach further information</i>)
Please attach the acceptance for the Conference Paper	
Means of dissemination across faculty (eg seminar/web page/report):	

If not presenting a conference paper, reason for travel

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What are the expected benefits for the Faculty for the travel?

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PROPOSED PROGRAM ITINERARY

Supporting documentation is required and should be included as attachments from all host organisations

Dates	Location	Activity	Contact Name & Phone No in each location

PROGRAM DURATION

Period of Absence	First Day	Departure Time	Last Day	Arrival Time	No. of Days
QUT Business					
NON-QUT Business					

COST OF PROPOSED ACTIVITY

Expenditure Details	Account Name	Account Code	Cost
Airfare (attach quote)		____/____/____/____/001 ____/____/____/____/001 ____/____/____/____/001	\$
Accommodation		____/____/____/____/001 ____/____/____/____/001 ____/____/____/____/001	\$
Travel Allowance		____/____/____/____/001 ____/____/____/____/001 ____/____/____/____/001	\$
Conference Registration		____/____/____/____/001 ____/____/____/____/001 ____/____/____/____/001	\$
Other – please specify		____/____/____/____/001 ____/____/____/____/001 ____/____/____/____/001	\$
TOTAL			\$

Funding contributed to the program or consultancy payment from external organisation/s

Income Expenditure Reimbursement Contracted Payment/Consultancy

Source	Amount
	\$

FUNDS AND ACCOUNT CODE CHECK by relevant Administration Officer

Account codes are correct and funds are available

Signature: _____ Name: _____ Date: _____

Signature: _____ Name: _____ Date: _____

APPLICANT'S SIGNATURE*DFAT Confirmation by Applicant*

- I have checked the latest Department of Foreign Affairs and Trade (DFAT) Travel Advice for the relevant destinations <https://www.orao.dfat.gov.au> and undertake to follow any instruction included in such advice.
- I have read the Staff and Student Overseas Travel Protocol and undertake to follow instructions as outlined in the protocol. <http://www.qut.edu.au/admin/registrar/docs/Protocol%20for%20Staff%20and%20Student%20Travel%20Overseas.pdf>
- I have attached the Student Overseas Travel Application Form and Assumption of Risk and Exclusion of Liability Requirement.

Signature: _____ Date: _____

HEAD OF SCHOOL APPROVAL (where applicable)

- I support this application and the expenditure of School funds of \$ _____.

Signature: _____ Date: _____

DIRECTOR OF RESEARCH OR DIRECTOR OF RESEARCH CENTRE**Approval**

- I approve the expenditure of relevant funds of \$ _____.

Signature: _____ Date: _____

Name: _____

DEAN APPROVAL**Approval**

- I approve the request to travel and have filed a copy of the travel itinerary including emergency contacts.
- I approve the expenditure of Faculty funds where relevant.

Signature: _____ Date: _____