If you travel more than 20km from your nearest established practice to a regional LHN hospital when providing services, you may be able to receive a travel allowance. Please use this form to claim this allowance.

The allowance is payable for kilometres travelled more than 40 kilometres for the return trip.

# Claimant details

|  |  |
| --- | --- |
| Hospital: |       |
| Medical Practitioner name: |       |
| Clinic: |       |
| Address: |       |

# Travel claim options

[ ]  Individual travel claim [ ]  Multiple travel claims (refer to page 2)

# Individual travel claim

Date of travel:

Details of travel:

 (i.e. Grenfell Street to South Coast Hospital and return)

[ ]  Reimbursement of costs total payable as per receipts attached: $

[ ]  Allowance per kilometre total kms travelled

 less first 40km (round trip)

 total kms claimable       at       cents/km

I       (name) declare that services were provided to this Hospital.

**Signature:** **Date:**

The travel allowance is based per kilometre, at the rate detailed in the current [Determinations 3.2 of the Commissioner for Public Sector Employment](https://www.publicsector.sa.gov.au/hr-and-policy/Determinations%2C-Premiers-Directions-and-Guidelines/Determinations/Determination-3.2-Employment-Conditions-Remuneration-Allowance-and-Reimbursements-7-October-2022.pdf), Section 10 Motor Vehicle applicable to a vehicle with an engine of more than four cylinders.

# Multiple claims for travel allowance

|  |  |
| --- | --- |
| Hospital: |       |
| Medical Practitioner name: |       |

**Signature:** **Date:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Travel date** | **Originating location** | **Destination** | **Return trip****(ü)** | **Total kms Travelled** | **Less first 40 km (round trip)** | **Total kms claimable** | **Total $ amount payable****(kms x cents/km)** |
|       |       |       | [ ]  |       |       |       |       |
|       |       |       | [ ]  |       |       |       |       |
|       |       |       | [ ]  |       |       |       |       |
|       |       |       | [ ]  |       |       |       |       |
|       |       |       | [ ]  |       |       |       |       |
|       |       |       | [ ]  |       |       |       |       |
|       |       |       | [ ]  |       |       |       |       |
|       |       |       | [ ]  |       |       |       |       |
|       |       |       | [ ]  |       |       |       |       |
|       |       |       | [ ]  |       |       |       |       |
|       |       |       | [ ]  |       |       |       |       |
|       |       |       | [ ]  |       |       |       |       |
|       |       |       | [ ]  |       |       |       |       |
| **ADHOC Code:** | **TRAVKM** | **TOTAL** |       |       |

## Office Use Only

Authorised for payment on behalf of the regional Local Health Network by the RSS Clinical Workforce Finance Officer – all three criteria below must be met.

Please tick the box if the criteria have been met:

[ ]  claiming per kilometre

[ ]  1st 40km of travel has been deducted

[ ]  services were provided to this Hospital as payable under the doctor’s contract.

**Signature:** **Date:**

**Name:**       **Position:**

If all three criteria above have not been met, the form must be authorised by the DON/EDMS of the hospital.

Authorised for payment by a financial delegate on behalf of the regional Local Health Network.

**Signature:** **Date:**

**Name:**       **Position:**

## For more information

Rural Support Service

Clinical Workforce Finance Team

Health.RSSClinicalWorkforceFinance@sa.gov.au

Telephone: 0477 345 219

**sahealth.sa.gov.au/regionalhealth**

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