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,-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)** |
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|  |  |  |  |  |  |  |  |
| **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](mailto:Health.RSSClinicalWorkforceFinance@sa.gov.au)

Telephone: 0477 345 219

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

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