



Request for Travel Assistance

Name:			
DOB:			
Address:			
Contact Phone Number:			
Email Address:			
Please state whether you require Accommodation?	<i>Please note you may be required to provide a bond or a credit card / debit card upon check in for security purposes. GAC staff will advise you if this will apply.</i>		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Preferred Hotel Option:		Next Preference: (depends on availability)	
Check-In Date:		Check-Out Date:	
Will you require fuel or an airfare? <u>Please select 1 only</u>	Fuel <input type="checkbox"/>	Airfare <input type="checkbox"/>	
	Frequent Flyer #: _____		
	From: _____ ON / 10 /2018 (Date)		
	Returning To: _____ ON / 10 /2018 (Date)		
<p>By signing below, I am aware that GAC will utilise my remaining flexible program balances to make these arrangements on my behalf.</p> <p>I understand that my program balances will only be reimbursed for the amounts actually spent, but to a maximum of the amounts available under the Travel and Allowances Policy (available on the GAC website).</p> <p>I also understand that my program balances will only be reimbursed if I register and attend the GAC Consultation meeting due to be held in South Hedland at the Wanangkura Stadium on the 20th of October 2018 at 9.30am.</p> <p>Signed: _____ Date: ____/____/____</p>			

Please note if you do not have sufficient available program balances to facilitate these bookings, we will not be able to assist with travel for the meeting.