appendix l. SPONSORED TRAVEL funded by A THIRD PARTY organisation FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART 1 DECLARATION OF THE TRAVEL OFFERRED / RECEIVED** | | | | | | | | | | | | | | | | |
| Sponsored Travel funded by third party organisations are reportable and the following form must be completed and submitted with the Travel Application Form for approval. | | | | | | | | | | | | | | | | |
| Recipient’s Details |  | |  | | | | |  | |  | | | | | | |
| Name | | Position | | | | | Level | | Directorate/School Learning Area | | | | | | |
| Travel Details |  | | | | | | | | | | | | | |  | |
| Description | | | | | | | | | | | | | | Value | |
| Offerer / Giver’s Details |  | | | |  | | | | | | | | | | | |
| Name of Organisation | | | | Does the offerer/giver have any commercial relationship with the Department/school? Yes or no. If Yes, what is the nature of the relationship? | | | | | | | | | | | |
| **PART 2 APPLICATION TO ACCEPT THE TRAVEL FOR DEPARTMENTAL USE** | | | | | | | | | | | | | | | | |
| Tick the appropriate box | | | | | | | | | | | | | | Date Offered / Received | | |
| I have been offered the sponsored travel but have not accepted it yet. | | | |  | | I have received the travel. | | | | | |  | |  | | |
| I confirm that the details provided above are true and correct. I believe that the acceptance of the travel and associated costs will not place the Department/school or myself under any obligation to the offerer/giver. I wish to seek approval to accept the travel for departmental use. | | | | | | | | | | | | | | | | |
| Recipient’s Signature | |  | | | | | | | Date | | | |  | | | |
| **PART 3 APPROVAL AUTHORITY**  To be completed by the appropriate approving officer (see travel policy for approval authority) | | | | | | | | | | | | | | | | |
| If the travel is accepted would it place the intended recipient in a position of actual, perceived or potential conflict of interest? (Yes or No)  If yes, approval should not be given. If in doubt, seek advice from Professional Standards and Conduct. | | | | | | | | | | | | | | | |  |
|  |
|  |
| **Application to accept the travel for departmental use is** (approved or not approved) | | | | | | | | | | | | | | |  | |
| (Give reason/s for the decision) : | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| If approval is not given, indicate how the travel offer is to be dealt with: | | | | | | | Approving Officer’s Details: | | | | | | | | | |
| 1. Returned / Declined prior to receipt | | | | | |  | Name | | | |  | | | | | |
| 1. Retained for use by business unit / school | | | | | |  | Position | | | |  | | | | | |
| 1. Other (specify) |  | | | | | | Signature | | | |  | | | | | |
|  |  | | | | | | Date | | | |  | | | | | |

**Registration Procedures**

Central and regional offices: Scan the completed form and save it in TRIM Folder No: F12/0012717. Business unit must retain the original copy in accordance with the Department’s Records Management policy.

Schools: Forward the original completed form to the Manager Corporate Services for retention in the ‘Sponsored Travel Funded by Third Party Organisations’ Register. All relevant details must be recorded in the Summarised Register.

**FBT Assessment**

If the value is or greater than $300 and is approved to retain for departmental use, email a copy of this form to Taxation Team Leader (BCS) at doetax@education.wa.edu.au for FBT assessment