

Purpose of this Form

- ➔ This form must be completed by the traveller and approved by the Head of School/Director (or equivalent) for all official domestic travel (within Australia) that includes either a flight or overnight accommodation, **as long as the COVID-19 related UQ travel restrictions are in place.**
- ➔ This form should only be completed ONCE PER TRIP PER TRAVELLER.

Instructions for Completing this Form and Booking Travel

1. Visit the relevant [State and Territory Health sites](#) to determine the travel advice, restrictions and/or requirements for the destination/s you plan to travel to, including transit.
2. Email completed form to your [Finance team](#).
3. Domestic travel must be booked via [FCM Travel Solutions](#). **Use of UQ credit cards or personal credit cards (with subsequent request for reimbursement) is prohibited.**

Traveller Name:	
School/Institute/Business Unit:	
Reason for Travel:	
Destination/s: (to/from and including transits)	
Travel Date/s: (including total nights away)	
Private Days: (include number of days)	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Notes to Finance: (include chart string and estimated budget)	

Traveller Declaration

I confirm I have:

1. Explored all alternative options to undertake my business in a safer environment/destination and determined that this proposed travel is the only viable means to undertake my business/achieve my objectives.
2. Ensured funds are available to pay for this travel and all associated costs, including costs not covered by UQ Travel Insurance.
3. Reviewed the relevant [State and Territory Health sites](#) advice, have considered all material risks and have controls in place to manage those risks including entry restrictions and any mandatory self-isolation requirements (as agreed with my supervisor).
4. Read the relevant travel and insurance information on the [UQ Travel website COVID-19 FAQs](#).
5. Read the relevant [UQ Travel Insurance Brochures](#) and completed all required actions.
6. Understood there is no travel insurance for COVID-19 related changes, cancellations and travel delays, and that cover may not be available for medical and medical evacuation expenses in some circumstances.
7. Assessed the risks associated with this travel and I will take all reasonable precautions to ensure my health, safety and security.
8. Read and will abide by the [UQ Travel Policy and Procedure](#), and other relevant UQ policies and procedures.
9. Completed all the relevant [Risk Assessments](#) and [Work off Campus / Field Trip](#) forms.
10. Understood UQ will not be responsible or liable for managing any issues relating to or arising from private travel (including accompanying non-UQ travellers) undertaken in conjunction with any UQ business travel.
11. Updated my emergency contact details in [Workday](#) and [International SOS \(ISOS\) MyTrips](#).

I undertake to:

12. Book all travel arrangements through UQ's preferred travel supplier, FCM Travel Solutions.
13. Carry the International SOS (ISOS) Travel Assistance 24/7 contact number +61 2 9372 2468 Membership Number 12AYCA778031 on me whilst travelling and will contact them in the event of any medical or security issue, encountered whilst travelling.
14. Register my travel with [International SOS \(ISOS\)](#) before departure and update should travel plans change.
15. Stay in regular contact, as agreed, with my supervisor and inform them of any changes to my travel prior and during travel.

TRAVELLER DECLARATION/ SIGNATURE	Name:	Signature:	Date:
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Head of School/Director (or equivalent) Declaration and Approval (to be completed for travel within Australia)

I approve this travel.

I confirm:

1. This travel is the only viable means to achieve the underlying business/academic objective.
2. Funds are available to pay for this travel and all associated costs.
3. I understand there is no travel insurance for COVID-19 related changes, cancellations and travel delays, and that cover may not be available for medical and medical evacuation expenses in some circumstances.
4. The risks associated with the travel are acceptable as a result of the risk mitigation measures in place.
5. Any uninsured costs/losses related to this travel and where UQ is liable, will be funded from my budget.

Name	Signature	Date:
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