



Application for Travelling Expenses in connection with a Review

D803

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

Do **NOT** use this form to claim for transport expenses for **treatment** of an accepted disability. You must complete a **D800 form** if you wish to claim for transport for **treatment**.

This form is to be used when applying for travel expenses in connection with a review by:

- the Veterans' Review Board (VRB);
- the Administrative Appeals Tribunal (AAT); or
- the Specialist Medical Review Council (SMRC).

The travelling expenses may have been incurred by attending a hearing of the VRB, or of the SMRC attending before the AAT, or by obtaining medical evidence relevant to your review by the VRB or the SMRC.

If you travelled to obtain a medical report, that report must be lodged with the VRB before travel expenses can be paid.

You must lodge this form within **twelve (12) months** of the travel you are claiming for. Applications received later than **twelve (12) months** after completion of your travel cannot be paid.

Send your claim to

Department of Veterans' Affairs
GPO Box 9998 Brisbane QLD 4001

Please Remember:

- **read and sign the declaration on page 1 of this form;**
- **the authorised VRB, AAT or SMRC officer must fill in and sign the Authorised Officer details section on the final page of this form;**
- **attach receipts and unused travel warrants.**

FAILURE TO DO SO WILL DELAY PROCESSING

SECTION ONE Claimant to complete

Your surname

Given names

DVA File Number

Contact phone

HOME ADDRESS

Number and street

Suburb/town

State

POSTCODE

POSTAL ADDRESS (if different to home address)

Number and street

Suburb/town

State

Claimant's Declaration

I declare that the details I have provided in this form are correct to the best of my knowledge.

I have attached all required receipts to this form.

I understand that giving false or misleading information is a serious offence.

For your claim to be accepted, you must sign and date this form.

CLAIMANT'S SIGNATURE

Date

/ /

If you are a person authorised to act on behalf of the claimant in matters relating to this claim, please give your full name and address.

Your full name

Address

POSTCODE

Contact phone

SECTION TWO Claimant's appointment details

Travel purpose

Reason for travel in connection with a review
(tick all applicable boxes)

- To obtain medical evidence for the Veterans' Review Board
- To obtain medical evidence for the Specialist Medical Review Council
- To attend a hearing at the Veterans' Review Board
- To attend before the Administrative Appeals Tribunal

Appointment details

Date / / Time am/pm

Transport details

Give details of all transport, parking and road tolls used. Ensure that the total provided is for the **return trip** (i.e. there and back).

No receipts are required for expenses under \$30.

- Public transport = bus, tram, train, ferry
- Community = transport by a community organisation

Private vehicle km

Public transport \$

Taxi \$

Community \$

Air \$

Parking fees \$

Road Tolls \$

Attach receipts if \$30 or over

Did DVA arrange/pay for this travel (e.g. booked car with driver or air)?

No Yes

If you did not travel from home, provide the address you travelled from

POSTCODE

How far is the **return** journey from your home or temporary residence to the appointment location?
(Include any side trips if you attended more than one appointment location).

km

Attendant details

Did you travel with an attendant?

No Yes Name of attendant

Address of attendant

POSTCODE

Accommodation details

Types of accommodation

- Private = family, friends etc.
- Subsidised = hostel, special hospital unit etc.
- Commercial = hotel, motel etc.

Specify type of accommodation, length of stay and date of first night.

	Number of nights	Date of first night
Private	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Subsidised	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Commercial	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Attach receipts

Is this commercial accommodation in a capital city?

No Yes

Did you stay in separate commercial accommodation when travelling with an attendant?

No Yes

Health Provider details

Provider type

Provider number

Ensure the address details listed below are those of the Health Provider who supplied the medical report.

Provider name

Provider location address

POSTCODE

Please attach a list of the Health Provider names and location addresses if there was more than one.

SECTION THREE Authorised Officer details

Authorised Officer from AAT, VRB or SMRC to complete

Reason for attendance

Appointment date

Appointment time am/pm

Authorised Officer's name

Designation

Authorised Officer's signature

Date

Office Use Only

	Attendant	Applicant	= \$	Total
Private car trips - Total km travelled	<input type="text"/>	<input type="text"/>		<input type="text"/>
Public transport - Total km travelled	<input type="text"/>	<input type="text"/>		<input type="text"/>
Taxi - Fares	<input type="text"/>	<input type="text"/>		<input type="text"/>
Total cost of air travel	<input type="text"/>	<input type="text"/>		<input type="text"/>
Meal allowance - Number of part days - 50-200km	<input type="text"/>	<input type="text"/>		<input type="text"/>
	<input type="text"/>	<input type="text"/>		<input type="text"/>
Total parking fees	<input type="text"/>	<input type="text"/>		<input type="text"/>
	<input type="text"/>	<input type="text"/>		<input type="text"/>
Accommodation				
Capital city				
Shared commercial - Number of nights	<input type="text"/>	<input type="text"/>		<input type="text"/>
Single commercial - Number of nights	<input type="text"/>	<input type="text"/>		<input type="text"/>
Non-capital city				
Shared commercial - Number of nights	<input type="text"/>	<input type="text"/>		<input type="text"/>
Single commercial - Number of nights	<input type="text"/>	<input type="text"/>		<input type="text"/>
Subsidised - Number of nights	<input type="text"/>	<input type="text"/>		<input type="text"/>
Private - Number of nights	<input type="text"/>	<input type="text"/>		<input type="text"/>
Total			\$	<input type="text"/>

Recommendation

Approve payment under s. 132 / 170B / 196Z0

Travel \$

Meals \$

Accommodation \$

Total \$

Examiner's signature

Approval

Payment of \$ approved / not approved.

Commission delegate's name

Position No. Designation

Commission delegate's signature