

Professional Experience Travel Allowance Claim

Please complete this form and return to the Professional Experience Administrator.

Please ensure your bank account details are loaded into your eVision profile. Payment cannot be made without these details in eVision.

Student Teacher (name)		
Student ID		
Semester/Study Address		
Claimant's Signature	Date:	
School/Centre (name)	<u> </u>	
Programme (circle one)	BTchg ECE / BTchg Primary / MTchgLn	
Trogramme (emore emor	, , , , , , , , , , , , , , , , , , , ,	
Professional Experience Claiming for:		
Please list all dates for which you are claiming		
Please list absent dates		
Are you the only student tea school/centre for this profes	sional experience? (circle one)	Yes / No
Daily Travel		Amount
Return distance from home/study/college address to school/centre km	Exclude days absent from professional experience and public holidays	\$
Daily Return Trip Rate: *Bo	etween 30km–79km = \$7.00per day *Beyond 80km	= \$20.00 per day
 return trip is more than Travel is calculated from Car-pooling is expected more than one student daily rate is shared between 	contribution to students for travel to their professional expensional between 29km beyond the daily semester travel. Refer to the rates an student teachers' home/study address, or college, whicheve Any non-car-pooling claims will share the daily contribution teacher at the school/centre using their own vehicle who will yeen them).	er is closer. In (e.g. if there is sh to claim, the
•	d within 1 month of the end of term or professional experie	
If you are using an exist	ng school car-pool then you can claim the rate, as above, to one student teacher then the rate is shared).	
 Please complete this form and email to education@otago.ac.nz, or hand in to AskOtago at College. 		
Office Use Only		
Charge Code: GL.10.BP	3371.00 Date: /	