## Form 2 – SA Health Travel Diary

##

|  |
| --- |
| **TRAVEL DETAILS** |
| **Employee Name:** |   | **Number of Nights Away:** |   |
| **Departure Date:** |   | **Departure Time:** |   |  |
| **Return Date:** |   | **Return Time:** |   |

|  |
| --- |
| **BUSINESS ACTIVITY DETAILS *\*\*If insufficient space, please attach travel diary overflow sheet*** |
| **\*\*Note: All days away must be accounted for in travel diary below** |
| **Date activity Commenced** | **Time activity commenced** | **Duration of the activity (Hours/Days)** | **Place where activity was undertaken** | **Nature of the activity (purpose of trip)** | **Acknowledged by employee upon return (make required changes & initial them)** |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|  |
| **WAS THERE A PRIVATE COMPONENT TO THE TRAVEL COMPLETED?** |   |  |   |  |
| In the travel completed, was there a component that was private or domestic in nature? YES NO**If YES please detail** (number of nights that were private, costs associated with private component which were paid for or reimbursed by your employer - attach any relevant information.  |
|  |
| **CERTIFICATION BY EMPLOYEE - INTENDED NATURE OF TRAVEL** |
| I certify that this travel diary truly and fairly represents the intended nature of my travel, and upon my return, I will make any amendments to it if my actual travel changes**Print Name: Contact Number:** **Sign Name: Date: / /** **Business Unit:**  |
| **\*\*\*\*ACKNOWLEDGEMENT OF TRAVEL DIARY BY EMPLOYEE AFTER TRAVEL\*\*\*\*** |
| I certify that this travel diary truly and fairly represents the nature of my travel, and it reflects any changes to my intended travel plans**Sign Name: Date: / /**  |

**Travel Diary Overflow Sheet**

|  |  |  |
| --- | --- | --- |
| **Employee Name:** |   |  |
| **Departure Date:** |   |
| **Return Date:** |   |
| **BUSINESS ACTIVITY DETAILS****\*\*Note: All days away must be accounted for in travel diary below** |
| **Date activity Commenced** | **Time activity commenced** | **Duration of the activity (Hours/Days)** | **Place where activity was undertaken** | **Nature of the activity (purpose of trip)** | **Acknowledged by employee upon return (make required changes****& Initial them)** |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |