

INTERPLAST AUSTRALIA & NEW ZEALAND Per-Diem Request Form

Please fill out your details below so your per-diem can be processed: (This form needs to be completed and returned no later than two weeks prior to departure)				Payment Due Date	e:		Office Use	Only
Full Name: Travel Dates:				Program Activity: Program Code (office use):				
Date of Departure	Date of Return	Total Number of Days	Per-Diem Amount Per Day			Total Amount Requested for Program		
Account Name:					Date:		Office L	Jse Only
Bank:		Branch:				eted: S		-
BSB Number:		Account Number:			Approv	ed:	Sign:	
Signature:	Date:			MYOB Entered:				
 By signing this form, you 	acknowledge that you will be	receiving a daily per-diem allowa	nce in ad	Ivance of your trave	el to co	over all meals and	incidentals for	r the

- duration of the program.
- If, for your activity, any meals are included into accommodation or conference costs, this will be reflected in your per-diem rate.
- Payment for your accommodation, wherever possible, will be organised in advance by Interplast.
- Where this is not possible, payment will be organised in addition to your per-diem.
- If for any reason you return earlier than expected or your visit is cancelled, you agree to return the equivalent per-diem amount to Interplast.

If you feel you have not expended your per-diem and would like to donate any remaining funds back to Interplast, this can be treated as a tax-deductible donation.