



In Home Care Service Travel Reimbursement Claim Form

In Home Care (IHC) services may claim reimbursement of reasonable travel costs to visit the family home. 'Eligible' travel costs will be reimbursed by the IHC Support Agency. Noting all travel is to be undertaken by the shortest practicable route.

A travel claim can be made for:

- travel by vehicle, air, rail or ferry; and/or
- overnight accommodation costs.

To be 'eligible' the travel must meet the following conditions:

- be for the sole purpose of IHC and monitoring families and IHC educators; and
- to family homes located in the **Inner Regional, Outer Regional, Remote** and/or **Very Remote** ARIA+ (2016) locations¹.

To assist with determining if region visited is classified as Inner Regional, Outer Regional, Remote or Very Remote, please contact your relevant Support Agency or follow instructions contained within the [IHC handbook](#).

For travel by car, the travel reimbursement is determined using 'cents per kilometre' rate which is multiplied by the number of kilometres travelled per home visit. The 'cents per kilometre' rate is the current rate published by the Australian Taxation Office (ATO).

For claims made in respect of travel by air, rail or ferry, IHC services must ensure this is the most cost-effective method of travel. The travel reimbursement will be the lesser of an amount equal to the cost of an economy ticket (GST exclusive) or, if the travel had been undertaken by car, the 'cents per kilometre' rate by the number of kilometres travelled.

For all travel involving an overnight stay, accommodation costs (GST exclusive) must be in line with the Department of Education, Skills and Employment travel policy; that is, it **does not exceed** the

¹ ARIA+ (2016) is used by the Australian Government to measure geographical remoteness with purpose of assisting with policy development. The five categories of ARIA+ are: Major Cities, Inner Regional, Outer Regional, Remote and Very Remote.

indicative daily cap for employees which is dependent on the travel destination. For further clarification, please contact your relevant Support Agency.

Exclusions

Travel reimbursement **does not** include:

- travel to visit family homes located in Major Cities
- meal allowance and/or other travel incidentals
- IHC educator travel to provide IHC in the family home

Please submit this form to relevant Support Agency by due date for each quarterly period. Deadlines for the applicable quarters can be found in the [IHC handbook](#).

PART A – Service details

| | |
|--------------------------------------------|--|
| 1. Name of your service: | |
| 2. Physical address of the service: | |
| 3. Name of Director/Coordinator: | |
| 4. Contact phone number: | |

PART B – Travel detail

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|--------------------------------------------------|--|
| Quarter for which the claim is being made | |
|--------------------------------------------------|--|

| Travel by vehicle | | | | | | |
|-------------------|-----------------------|-----------------|---------------|-----------------------|-----------------------------|------------------------------------------------------------------|
| Date of Travel | Vehicle registration: | Travelled from: | Travelled to: | Kilometres travelled: | Number of families visited: | <i>Office use only</i> kms travelled X ATO rate cents per km: |
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Air or other travel method (for example vehicle hire)

| Date of Travel | From: | To: | Economy Airfare paid (GST exclusive): | Other Travel Cost* | Number of families visited: | Equivalent road kilometres (estimate): |
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| *Other travel method reason | Justification for cost of other travel method |
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Accommodation on-costs (if applicable)

| Date of Trip | Location (e.g. Wagga Wagga) | Room rate (GST exclusive): | Number of nights stayed: | Total price paid (GST exclusive): | <i>Office use only Non-SES accommodation rate (cap based on location)</i> |
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NOTE: Do not include GST. GST is claimed separately in your monthly or quarterly BAS statement to the ATO.

PART C – Applicant declaration

- I declare that the information given in this application is complete and correct;
- I declare that all drivers have valid licence and current comprehensive and third party insurance is held for every vehicle driven;
- I authorise the IHC Support Agency to verify any information provided in this application; and
- I am authorised to act on behalf of the child care service.

| | |
|-----------------------------------------|--|
| Signature of authorised officer: | |
| Date: | |

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|-----------------------------|--|
| Name (please print): | |
| Position: | |

NOTE: Giving false or misleading information is a serious offence

PART D – Supporting documentation

All claims must be evidenced with supporting documentation.

If by vehicle:

- Logbook with trip details including:
 - name of driver(s) and position in the IHC service
 - registration, make, model, engine capacity of the vehicle
 - date of each journey
 - start point and destination of each journey
 - odometer state and finish figures, and kilometres travelled; and
 - purpose of each journey, including the name and address of each home visited.

If by air, rail or ferry:

- Tax Invoice for economy flight or ticket for the other modes of transport and proof of payment (i.e. bank statement, supplier receipt).

If accommodation costs were incurred:

- Tax invoice and proof of payment.

PART E – Returning the application

Claims are made on quarterly basis and must be submitted by cut-off dates which is 10 business days after the end of an applicable quarter. No back-dating is permitted.

Applications should be submitted to the IHC Support Agency in your State or Territory.

Reimbursement will be made by Electronic Funds Transfer (EFT) to your nominated bank