



**HUMAN RESOURCES  
LIVING AWAY FROM HOME ALLOWANCE (LAFHA) CLAIM**

**PLEASE DO NOT COMPLETE THIS FORM IF YOU ARE NOT AN EMPLOYEE OF THE UNIVERSITY OR IF YOUR TRAVEL IS FOR LESS THAN 21 DAYS**

School/Admin dept

**SECTION 1 - PERSONAL DETAILS**

Employee number  Title  Family name

First names

**SECTION 2 - DETAILS OF ALLOWANCE**

Allowance - \$ to be paid fortnightly comprising:

Accommodation	<input type="text"/>	(fair market rental)
Meals	<input type="text"/>	
Incidentals	<input type="text"/>	
<b>Fortnightly Total</b>	<input type="text"/>	

For rates regarding food, please refer to taxation ruling at the ATO webpage at <http://law.ato.gov.au/atolaw/view.htm?docid=TXD/TD20096/NAT/ATO/00001>

Business unit  Project/grant  Account  %

**SECTION 3 - DETAILS OF LAFHA**

1. Please provide details of accommodation whilst living away from home

Address

Duration of Claim From  (dd/mm/yy) To  (dd/mm/yy)

Weekly Rental Charge \$  per week

2. Details of accompanying dependants (if applicable)

	Name	Relationship	Age
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please continue on back of form if necessary ...

3. If not an Australian Citizen or Permanent Resident, please complete the following

Nationality

Visa Sub-Class held  Visa Conditions Number/s

**HUMAN RESOURCES  
LIVING AWAY FROM HOME ALLOWANCE (LAFHA) CLAIM (page 2)**

**SECTION 3 - DETAILS OF LAFHA**

**PLEASE COMPLETE ALL QUESTIONS BELOW:**

**LAFHA - Assessment of Individual Employee Circumstances (Based on ATO Guidelines)**

1. Please attach documentary evidence to support this showing evidence of the requirement to work away from home.
2. Please confirm that the employee is employed by UWA  Yes  No
3. Will the employee continue to be employed by UWA at the end of this posting?  Yes  No
4. Please provide written documentation to support the payment of a LAFHA, (eg details of accommodation – address, house/unit/flat, number of beds, rental agreement or equivalent)
5. Will the employee receive increased remuneration as part of this posting?  Yes  No
6. If yes, will this remuneration be reduced on return to UWA?  Yes  No
7. Will the employee undertake work for any other employer whilst away from UWA?  Yes  No
8. For posting overseas, has the employee maintained bank accounts, investment etc in Australia?  Yes  No

**SECTION 4 - APPROVAL**

In approving this payment, I confirm that: I am an Approved Delegate; funds are available and I have adhered to the University Finance Manual guidelines and ATO guidelines.

Name *(please print)*

Signature of Approved Delegate *(See HR Delegations)*

Contact number/extension

Date *(dd/mm/yy)*

--	--	--	--	--	--

**OFFICE USE ONLY**

Financial Services	Human Resources (do NOT use codes 610 & 611)
Approval To Pay <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	LAFHA Codes
Approval By	LFNTA = LAFHA - Allow T/S (non-taxable)
Signature	LAFHT = LAFHA - taxable allowance
Name	LAFNT = LAFHA - non-taxable allowance
	LFANT = LAFHA - Accommodation (non-taxable)
	LFMNT = LAFHA - Meals (non-taxable)

**PLEASE RETURN THIS FORM TO:**

**FS-TAX  
Financial Services  
M449**