THE UNIVERSITY OF WESTERN AUSTRALIA

HUMAN RESOURCES
CLAIM FOR MEAL ALLOWANCE DURING OVERTIME

Please forward completed form to Human Resources for payment.

SECTION 1 - EMPLOYEE DETAILS

Employee number ☐☐☐☐☐☐☐☐ Family name ☐ Initials ☐

School/Admin. Department ☐

SECTION 2 - ALLOWANCE CLAIMED

Meal Allowance rates can be found in the General Staff Agreement and the HR Website - Meal Allowance

Date *(dd/mm/yy)*	Reason Allowance claimed	Amount ($Aus)
	TOTAL	$

Signature of claimant ☐ Date *(dd/mm/yy)* ☐☐☐☐☐☐

Name of claimant *(please print)* ☐

SECTION 3 - ACCOUNT TO BE CHARGED

Business unit ☐☐☐☐☐☐ Project/ grant ☐☐☐☐☐☐☐☐ Account ☐☐☐

SECTION 4 - APPROVAL

I certify that the above allowance is payable for the reason stated and that the claim has been correctly calculated.

Name *(please print)* ☐

Signature of Approved Delegate (See HR Delegations) ☐

In approving this payment I confirm that I am an Approved Delegate and funds are available.

Contact number/extension ☐

Date *(dd/mm/yy)* ☐☐☐☐☐☐