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.

Date *(dd/mm/yy)*	Reason Allowance claimed	Amount ($Aus)
	TOTAL	$ 0.00

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)* | | | | | | |