Government of **Western Australia**
Mental Health Commission

TRAVEL RECONCILIATION STATEMENT

(Attach copies of all supporting Tax Invoices/ Receipts to back of this form)

Officer(s) Name:			
Dates of Travel:			
Destinations: *(Cities and States)*			
Approved Travel Proposal Attached:	Yes	No	

BREAKDOWN OF COSTS

	Approved Est. Cost of Travel	**Actual Cost of Travel**	**Variance**
Airfare:			
Accommodation:			
Registration Fees:			
Associated Costs: *(e.g. meals, car hire, taxi fares)*			
Total			

REASON FOR VARIATION OF ACTUAL AND APPROVED COSTS:
(Reasons are not required for variances of less than $100)

Signature of officer ……

Date: ……..

Variances have been investigated and I **am / am not** satisfied with the reasons provided.

Chief Finance Officer ……

Date: ……..