Approved Travel
For assessments, treatment, rehabilitation

Te Tira Ahu Ika A Whiro
VETERANS' AFFAIRS
New Zealand

Personal Details

1	**Veterans' Affairs number (if known)**	
2	**Title**	Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Miss ☐ Other ☐
3	**Last name**	
4	**First name/s**	

Travel Details - Assessments, Treatment, Rehabilitation

Travel 1

Date of travel	___ / ___ / ___
Disability	
Practice Stamp	
Start Location	Home ☐ Other ☐
Health Practitioner	Name ___
	Profession ___
Physical	Address ___
Transportation	I travelled by: Private Vehicle ☐ Bus ☐ Train ☐ Air ☐ Other ☐
Additional costs (pre-approved)	Accommodation $___ Meals $___
	Other $___ Total additional costs $___

Travel 2

Date of travel	___ / ___ / ___
Disability	
Practice Stamp	
Start Location	Home ☐ Other ☐
Health Practitioner	Name ___
	Profession ___
	Address ___
Transportation	I travelled by: Private Vehicle ☐ Bus ☐ Train ☐ Air ☐ Other ☐
Additional costs (pre-approved)	Accommodation $___ Meals $___
	Other $___ Total additional costs $___

Travel 3

Date of travel	___ / ___ / ___
Disability	
Practice Stamp	
Start Location	Home ☐ Other ☐
Health Practitioner	Name ___
	Profession ___
	Address ___
Transportation	I travelled by: Private Vehicle ☐ Bus ☐ Train ☐ Air ☐ Other ☐
Additional costs (pre-approved)	Accommodation $___ Meals $___
	Other $___ Total additional costs $___

Claims for approved assessments, treatment and rehabilitation must be lodged before the end of the calendar month after the journey took place. For travel other than in a private vehicle, tickets or receipts must be provided along with proof of the cost of travel if not recorded on the ticket or receipt.

Privacy Statement

You can read our full privacy statement on our website

Your personal information is managed in accordance with the privacy statement on our website:

- www.va.mil.nz/privacy

If you would like a copy of this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand

Signature

This form must be signed either by the claimant or a person with the authority to act on the behalf of the claimant if they are unable to do so.

If the claimant didn't sign the form, **include one** of the following forms of evidence:

- Power of Attorney or Enduring power of Attorney (in relation to Property)
- Certificate of Administration (from the Public Trustee)

I acknowledge that:

- the information I have given in this claim form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on my claim
- I have read and understood the Privacy Statement for Forms on www.va.mil.nz/privacy
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs, held by any doctor or health practitioner or named agencies, or service provid-ers, or contractors for the purposes set out in the privacy statement; for the purposes of assess-ment of this claim; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veteran's Support Act 2014.

Signature | Please sign

Claimant or authorised person

Claimant or authorised person name

Claimant or authorised person signature

D D / M M / Y Y Y Y

Helper | Complete this section if you've helped the claimant to complete this form.

Helper name

Helper's relationship to claimant

Please send the completed application to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140

<table>
<tr><td colspan="7">Office use only</td></tr>
<tr><td>Travel 1</td><td>Private Vehicle ☐</td><td>Bus ☐</td><td>Train ☐</td><td>Air ☐</td><td colspan="2">Other</td></tr>
<tr><td>Evidence Sighted</td><td colspan="2">Yes - No</td><td colspan="4">Was the travel to the nearest practitioner? (Y or N) ☐</td></tr>
<tr><td>Additional Costs?</td><td colspan="2">Accept - Decline</td><td colspan="2">Additional costs total</td><td colspan="2">$</td></tr>
<tr><td>Travel Decision</td><td colspan="2">Accept - Decline</td><td>Distance</td><td>Km's</td><td colspan="2">If more than 200km TL approval</td></tr>
<tr><td>Pay</td><td></td><td>at .62 .27</td><td></td><td>TL initials</td><td>Total</td><td>$</td></tr>
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<tr><td colspan="5"></td><td>Total to pay</td><td>$</td></tr>
<tr><td>Accounts officer</td><td>Name</td><td></td><td>signature</td><td></td><td>date</td><td>/   /</td></tr>
<tr><td>Issuer</td><td>Name</td><td></td><td>signature</td><td></td><td>date</td><td>/   /</td></tr>
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