

Travel Concession Payment

Personal details

1	Veterans' Affairs number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
2	Title	Rank	<input type="text"/>	Mr	<input type="text"/>	Mrs	<input type="text"/>	Ms	<input type="text"/>	other	<input type="text"/>
3	Full name <input type="text"/>										

Travel details

I wish to apply for a Travel Concession payment for the following travel:

	Departure date	Return Date	Travel from	Travel to
Journey 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I travelled by: Private vehicle <input type="checkbox"/> Public transport service <input type="checkbox"/> Scheduled air service <input type="checkbox"/>				
I travelled with another veteran Yes <input type="checkbox"/> No <input type="checkbox"/> I travelled with an escort Yes <input type="checkbox"/> No <input type="checkbox"/>				
Please state full name of veteran or escort <input type="text"/>				

	Departure date	Return Date	Travel from	Travel to
Journey 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I travelled by: Private vehicle <input type="checkbox"/> Public transport service <input type="checkbox"/> Scheduled air service <input type="checkbox"/>				
I travelled with another veteran Yes <input type="checkbox"/> No <input type="checkbox"/> I travelled with an escort Yes <input type="checkbox"/> No <input type="checkbox"/>				
Please state full name of veteran or escort <input type="text"/>				

	Departure date	Return Date	Travel from	Travel to
Journey 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I travelled by: Private vehicle <input type="checkbox"/> Public transport service <input type="checkbox"/> Scheduled air service <input type="checkbox"/>				
I travelled with another veteran Yes <input type="checkbox"/> No <input type="checkbox"/> I travelled with an escort Yes <input type="checkbox"/> No <input type="checkbox"/>				
Please state full name of veteran or escort <input type="text"/>				

	Departure date	Return Date	Travel from	Travel to
Journey 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I travelled by: Private vehicle <input type="checkbox"/> Public transport service <input type="checkbox"/> Scheduled air service <input type="checkbox"/>				
I travelled with another veteran Yes <input type="checkbox"/> No <input type="checkbox"/> I travelled with an escort Yes <input type="checkbox"/> No <input type="checkbox"/>				
Please state full name of veteran or escort <input type="text"/>				

This form may be completed either after you have claimed your **first** \$200 worth of travel (approximately 740kms) using the Travel Statutory Declaration with no receipts **OR** instead of the Travel Statutory Declaration (if providing receipts is easier for you).

Once you have exceeded your **first** \$200 of travel you are no longer eligible to claim via the Travel Statutory Declaration until the following year. You may claim up to a maximum of \$200 this way every year.

Each new year commences on the anniversary of the introduction of the Veterans' Independence Programme (7 December 2015).

Signature & Acknowledgement

By signing this claim form I acknowledge and understand that:

- The information provided in this claim form is, to the best of my knowledge, true and complete.
- As part of processing this claim, Veterans' Affairs may obtain further information in addition to what I have provided.
- The journeys listed have been undertaken for personal or private purposes and are not associated with any type of paid or unpaid employment or self-employment and that I am not being reimbursed for these journeys by any other means.
- I am aware that under Section 270 of the Veterans' Support Act 2014 it is an offence to mislead Veterans' Affairs. Subsection (4) of this section states that a person who commits an offence against this section is liable for prosecution for making false statements and the penalties, if found guilty, are:
 - imprisonment for a term not exceeding 3 months; or
 - a fine not exceeding \$5,000.00.

Signature

Date

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Please send to:

Veterans' Affairs
 PO Box 5146
 WELLINGTON 6140

Veterans' Affairs Staff Only					
Type of concession	Full <input type="checkbox"/>	With Escort <input type="checkbox"/>	Partial <input type="checkbox"/>		
Journey 1	Private Vehicle <input type="checkbox"/>	Public Transport <input type="checkbox"/>	Air <input type="checkbox"/>		
Evidence sighted?	Yes - No				
Decision	Accept - Decline	Distance <input type="text"/> km's	Pay \$ <input type="text"/>		
Journey 2	Private Vehicle <input type="checkbox"/>	Public Transport <input type="checkbox"/>	Air <input type="checkbox"/>		
Evidence sighted?	Yes - No				
Decision	Accept - Decline	Distance <input type="text"/> km's	Pay \$ <input type="text"/>		
Journey 3	Private Vehicle <input type="checkbox"/>	Public Transport <input type="checkbox"/>	Air <input type="checkbox"/>		
Evidence sighted?	Yes - No				
Decision	Accept - Decline	Distance <input type="text"/> km's	Pay \$ <input type="text"/>		
Journey 4	Private Vehicle <input type="checkbox"/>	Public Transport <input type="checkbox"/>	Air <input type="checkbox"/>		
Evidence sighted?	Yes - No				
Decision	Accept - Decline	Distance <input type="text"/> km's	Pay \$ <input type="text"/>		
			Total to pay	\$ <input type="text"/>	
Accounts Officer	name <input type="text"/>	Signature <input type="text"/>	Date	/	/
Issuer	name <input type="text"/>	Signature <input type="text"/>	Date	/	/