



UNITED SERVICES UNION

Overnight Advance Form

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| NAME: | |
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| COUNCIL/S ORGANISATION/S AREA/S TO BE VISITED: | |
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| | | |
|-----------------------|-----|----|
| REASON FOR VISIT: | | |
| | | |
| REFERENCE GROUP: | Yes | No |
| REFERENCE GROUP NAME: | | |

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| IMPORTANT: Officials and staff of the USU are now required to either alter their union mobile phone message bank or to make a call at night when staying away and in the morning following an overnight stay, from the location at which they stayed. This information will be used to verify the location of the claimant. |
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| DEPARTING FROM: DATE & TIME OF LEAVING : | |
| | |
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|---|--|
| RETURNING FROM: DATE & TIME OF RETURN TO: | |
| | |
| | |

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|------------|--|
| SIGNATURE: | |
| Date: | |

| Authorisation | |
|----------------|--|
| Authorised by: | |
| Date: | |

| Office Use Only | |
|-----------------|------------|
| Nights Away | Amount: \$ |

| | |
|-------------------|--|
| Received Accounts | |
| Date: | |

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| NOTE: All overnight attendances shall be confirmed in the Official's Weekly Information Sheet. Where, due to changes in travel or work plans, an overnight stay is cancelled, then the employee shall make arrangements to re-credit the appropriate sum forthwith and shall notify their Manager and Accounts Section of such. |
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