



OVERNIGHT ALLOWANCE FORM

By your side

| | | | |
|--|--|------|--|
| Full Name | | | |
| Council(s) / Organisation (s) / Areas (s) to be visited | | | |
| | | | |
| | | | |
| Reason for visit | | | |
| | | | |
| Reference group? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Reference group name | | | |
| <p>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 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.</p> | | | |
| Departing from | | | |
| Date and time of leaving | | | |
| Returning from | | | |
| Date and time of returning | | | |
| AUTHORISATION | | | |
| Authorised by | | Date | |

NOTE: All overnight attendances shall be confirmed in the Official's Weekly Information Sheet. Where due to changes in travel 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.

| OFFICIAL USE ONLY | | | |
|-------------------|--|--------|--|
| Nights away | | Amount | |
| Received Accounts | | Date | |