

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).

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 providers, or contractors for the purposes set out in the privacy statement; for the purposes of assessment 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 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 style="width: 100px;" type="text"/>	
Accounts Officer	<small>name</small> <input type="text"/>	<small>Signature</small> <input type="text"/>	<small>Date</small> / /		
Issuer	<small>name</small> <input type="text"/>	<small>Signature</small> <input type="text"/>	<small>Date</small> / /		