FORMS



RELOCATION APPLICATION FORM

Registrar Details			
Name			
Contact number			
Email Address			
Current address			
	State	Suburb	
	Postcode	MMM	
Relocation address			
	State	Suburb	
	Postcode	MMM	
Expected departure date (if known)			
Expected arrival date (if known)			
Have you made a previous relocation claim			

Reimbursement item	(Tick for Yes)	Value (\$)	Receipt attached (tick for Yes)
Fuel			
In transit accommodation			
Car hire			
Removalist truck hire (self-move)			
Trailer hire (self move)			
Break lease			
Cleaning			
Drivers licence transfer			
Utility exit			
Utility connection			

ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live, and pay respect to their elders past present and future.

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Reimbursement item	(Tick for Yes)	Value (\$)	Receipt attached (tick for Yes)
Removalist			
Storage (at either location)			
Other (please list)			
	Total		
	•	•	
Declaration			
Signature			
Date			

IMPORTANT: Once completed, please send to <u>payments@acrrm.org.au</u> with email subject line: RGTS Relocation Application.

ACRRM OFFICE USE ONLY	
Approved Placement Check	
Comments	
Reimbursement	Approved / Declined
Reinibursement	Approved / Declined
Comments	

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