

**ATTACHMENT 11 – MONTHLY SUMMARY OF MULTIPLE TRAVEL FOR THE DIRECTOR GENERAL TEMPLATE**

**MULTIPLE TRAVEL APPLICATIONS SUMMARY- APPROVED**

<Month Year>

**NORTH METROPOLITAN AREA HEALTH SERVICE, PATHWEST**

<b>NAME</b>	<b>DESTINATION</b>	<b>EVENT/CONFERENCE</b>	<b>EVENT DATES</b>	<b>FUNDING</b>	<b>APPROVED BY (MfH, DG or CE)</b>

**SOUTH METROPOLITAN AREA HEALTH SERVICE**

<b>NAME</b>	<b>DESTINATION</b>	<b>EVENT/CONFERENCE</b>	<b>EVENT DATES</b>	<b>FUNDING</b>	<b>APPROVED BY (MfH, DG or CE)</b>

**CHILD & ADOLESCENT HEALTH SERVICE**

<b>NAME</b>	<b>DESTINATION</b>	<b>EVENT/CONFERENCE</b>	<b>EVENT DATES</b>	<b>FUNDING</b>	<b>APPROVED BY (MfH, DG or CE)</b>

**WA COUNTRY HEALTH SERVICE**

<b>NAME</b>	<b>DESTINATION</b>	<b>EVENT/CONFERENCE</b>	<b>EVENT DATES</b>	<b>FUNDING</b>	<b>APPROVED BY (MfH, DG or CE)</b>

**DEPARTMENT OF HEALTH**

<b>NAME</b>	<b>DESTINATION</b>	<b>EVENT/CONFERENCE</b>	<b>EVENT DATES</b>	<b>FUNDING</b>	<b>APPROVED BY (MfH, DG or CE)</b>

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Mr Kim Snowball  
**DIRECTOR GENERAL**

<Month Year>