

ATTACHMENT 9 – QUARTERLY RETURN TEMPLATE FOR OVERSEAS TRAVEL

MINISTER : HON JOHN DAY, MLA
PORTFOLIO : WA HEALTH
AGENCY
TITLE :

PERIOD COVERING :

Name of officer	Dates of travel	Purpose of travel	Destination	Class of Travel B- business E- economy	Source of Funding Eg CRF, industry, agency, trust account	Airfares	Accommodation	Registration Fees	Associated Costs	Total Cost of Travel
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
Total Travel Cost										0.00