



## VISITING TUTOR PROGRAM REQUEST FORM

### *To be completed by the requesting Society/Club*

Society/Club Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Number (Bus) \_\_\_\_\_

(A/Hrs) \_\_\_\_\_

Requested Tutor Name \_\_\_\_\_

Type of Activity

Demonstration

Workshop

Dates Required:

Date From \_\_\_\_\_

Date To \_\_\_\_\_

Mode of Transport

Air

Road

Other

### *To be completed by AABC Ltd*

Approved

Not Approved

VTP Reference No.: \_\_\_\_\_

Secretary

(Approving Officer)

(Signature)

(Printed Name)

(Date)

Treasurer

(Approving Officer)

(Signature)

(Printed Name)

(Date)

Conditions of approval or

Club/Society must be financial on receipt of the reimbursement claim by the Secretary AABC Ltd, otherwise reimbursement will not be approved.

Comments for non approval

Date Tutor Advised \_\_\_\_\_