Service Provider Travel Work Order Request

1. Complete all details requested below, remove all red text and ensure only **black text** is used prior to submitting the form.
2. Review the document prior to submission - ***forms that are incomplete/inaccurate will not be processed and returned for correction.***
3. Email the completed form to: vhc@dva.gov.au

Client Details	
Client Name	
DVA File Number	
Service Plan Details	
Service Provider Name	
Service Plan Number	
Service Type	
Service Type Cost Per Hour	
Service Plan Date Range	
Frequency of Services	
Duration Per Service	
Number of Services	
Travel Details	
Does this request meet VHC Travel Requirements?	☐ The Assessment Agency has confirmed there are no other providers available to deliver services and has endorsed. ☐ Return travel time to the client's home is approx. 1 hour or more. ☐ Other (please specify):
Departure Address	
Destination Address	
Post Service Destination (if not returning to departure address)	
Will this Travel Work Order cover additional VHC clients? (If yes, provide client & service plan details)	☐ Yes ☐ No
Travel Time Return Trip	
Travel Distance Return Trip	
Cost of Travel Time ($/hr) (The same hourly rate as is paid for the VHC service being delivered)	
Travel Cost per Service	
Estimated Total Cost of Travel for Service Plan	