



NOTIFICATION AND REIMBURSEMENT OF TRAVEL TO ATTEND INTERVIEW FOR PERSONAL STAFF POSITION

— OF A MINISTER OF STATE, PARLIAMENTARY SECRETARY, LEADER OR DEPUTY LEADER OF THE OPPOSITION IN THE HOUSE OF REPRESENTATIVES, LEADER OR DEPUTY LEADER OF THE OPPOSITION IN THE SENATE, OR THE LEADER OF A MINORITY PARTY

Note: The Travel account is NOT to be used by Departmental Staff

<p>Options for returning your completed form Scan and Email to: forms@ipea.gov.au or Post to: Independent Parliamentary Expenses Authority One Canberra Avenue FORREST ACT 2603</p>	<p>Enquiries: Independent Parliamentary Expenses Authority Email: enquiries@ipea.gov.au Phone: (02) 6215 3000</p>
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ABOUT THIS FORM ▶ This form is to be used to notify Independent Parliamentary Expenses Authority (IPEA) of travel scheduled to attend an interview as a Personal Staff Member in the office of a Minister, Parliamentary Secretary, Leader or Deputy Leader of the Opposition in the House of Representatives, Leader or Deputy Leader of the Opposition in the Senate, or the Leader of a Minority Party. Travel is at economy class. IPEA does **not** meet accommodation costs.

JOB APPLICANT DETAILS

▶ Full name

▶ Title

▶ Postal address
 Postcode

▶ Office

▶ Vacant position

TRAVEL DETAILS

▶ Travel date	Travel from	Travel to	Flight number

CLAIM DETAILS ▶ **Note:** ALL tax invoices and receipts **MUST** be attached to this claim. Payment will not be made unless receipts are received by IPEA.

Travel date	Type of claim (Taxi, Rail, Ferry, Bus, Airport parking)	Travel from	Travel to	Cost
TOTAL				\$

BANK DETAILS

▶ Give details of the account you want your **reimbursement** paid to

Name of financial institution

Account name

Branch number (BSB)

Account number

SIGNATURES

- ▶ I certify that to the best of my knowledge, the claims detailed above were incurred in accordance with the provisions of the *Members of Parliament (Staff) Act 1984*.
- ▶ By signing this form, I acknowledge that:
 - I understand that knowingly giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.
 - I have read and understood the Privacy Collection Notice (see below).

Signature of Employee

Date

**Signature of Employer
or Authorised Person**

Date

Name (if authorised person)