



MOP(S) ACT EMPLOYEES

EMPLOYEE'S TRAVEL SERVICES PROVIDER PROFILE AND CABCHARGE CARD REQUEST

<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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EMPLOYER DETAILS

▶ Employer name

▶ Employer state

EMPLOYEE'S DETAILS

▶ Title Mr Mrs Ms Miss Other

▶ Full name

▶ Date commenced employment / /

REQUIREMENTS

Note: Employees must receive their Employer's consent to request these cards.

▶ Transfer existing Cabcharge Card and Travel Profile Number to new Office? No Yes

▶ Cabcharge Card required? No Yes

▶ Travel Services Provider Card required? No Yes

ACKNOWLEDGEMENT OF GUIDELINES FOR USE OF CABCHARGE

▶ I acknowledge that:

I have read and understood the [Guidelines for the Use of Cabcharge Cards](#) (the Guidelines).

I have read and understood the [Cabcharge Conditions of Use](#).

I understand that failing to comply with the Guidelines and/or the Cabcharge Conditions of Use may render me personally liable for any non-compliant fares.

▶ A Cabcharge card will be issued once this completed form has been returned to Independent Parliamentary Expenses Authority.

SIGNATURES

▶ 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** / /

▶ I consent to the employee receiving the card(s) requested on this form.

Signature of Employer or Authorised Person **Date** / /

Name (if authorised person)