



## CERTIFICATION AND REQUEST FOR PAYMENT – SATELLITE ELECTORATE OFFICE

**Note:** Use this form to certify invoices or claim reimbursements or payments for goods/services relating to privately leased satellite electorate offices.

### Returning your completed form

Scan and email to: [forms@ipea.gov.au](mailto:forms@ipea.gov.au)

**Enquiries:** Independent Parliamentary  
Expenses Authority

Email: [enquiries@ipea.gov.au](mailto:enquiries@ipea.gov.au)

Phone: (02) 6215 3000

### PARLIAMENTARIAN DETAILS



Name



State/Electorate

### INVOICE DETAILS

Details of expenditure	Quantity	Date received (attach proof of date services received)	For reimbursement (attach proof of payment)	Amount \$

### SIGNATURE

- I certify that my claim for the expense, allowance or public resource complies with sections 25, 26, 27 and 28 of the *Parliamentary Business Resources Act 2017*.
- If claiming costs for a satellite electorate office, I certify that it has not been used to any extent for commercial purposes.
- I acknowledge that I am personally responsible and accountable for my use of public resources and that if section 26, 27 or 28 of the *Parliamentary Business Resources Act 2017* is contravened any amount not repaid within 28 days attracts a 25% penalty and is a debt due to the Commonwealth.
- 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 (below).

Signature of Parliamentarian

Date