



**MOP(S) ACT EMPLOYEES**

**FCM TRAVEL PROFILE NUMBER  
AND CABCHARGE REQUEST**

**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

**EMPLOYER DETAILS**

▶ Employer name

▶ Employer state

**EMPLOYEE'S DETAILS**

▶ Title Mr  Mrs  Ms  Miss  Other

▶ Full name

▶ Date commenced employment  /  /

**REQUIREMENTS**

▶ Cabcharge Card required? No  Yes

▶ Travel Profile Number required? No  Yes

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

▶ Reorder Cabcharge Card? 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 (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