



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

Returning your completed form

Scan and Email to: forms@ipea.gov.au

Enquiries: Independent Parliamentary Expenses Authority

Email: enquiries@ipea.gov.au

Phone: (02) 6215 3000

ABOUT THIS FORM

- ▶ This form is only to be used to notify the Independent Parliamentary Expenses Authority (IPEA) of travel on scheduled services and/or related costs for travel to attend an interview for employment under the *Members of Parliament (Staff) Act 1984*. The interview must be for employment in the office of a Minister, Parliamentary Secretary, Opposition Office Holder or a Leader of a Minority Party. For travel on scheduled services, travel can only be at economy class. Please note IPEA does not meet the cost of accommodation when travelling to attend an interview.

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/Rideshare, 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

▶ CONTINUED OVERLEAF

SIGNATURES

- ▶ I certify that, to the best of my knowledge, the work expenses incurred and claimed as detailed on this form were incurred in accordance with the provisions in the relevant guidance material provided by IPEA. This includes that the travel by the individual was for attending an interview for employment in the office of a Minister, Parliamentary Secretary, Opposition Office Holder or a Leader of a Minority Party.
- ▶ 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
Job Applicant**

Date

**Signature of
Office Holder or
Authorised Person**

Date

Name