



**MOP(S) ACT EMPLOYEES**

**FCM TRAVEL PROFILE NUMBER AND CABCHARGE REQUEST**

<b>Options for returning your completed form</b> Scan and Email to: <a href="mailto:forms@ipea.gov.au">forms@ipea.gov.au</a> or Post to: Independent Parliamentary Expenses Authority One Canberra Avenue FORREST ACT 2603	<b>Enquiries:</b> Independent Parliamentary Expenses Authority Email: <a href="mailto:enquiries@ipea.gov.au">enquiries@ipea.gov.au</a> Phone: (02) 6215 3000
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<b>EMPLOYER DETAILS</b>	▶ Employer name	<input style="width: 100%;" type="text"/>
	▶ Employer state	<input style="width: 100%;" type="text"/>

<b>EMPLOYEE'S DETAILS</b>	▶ Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/> <input style="width: 50px;" type="text"/>
	▶ Full name	<input style="width: 100%;" type="text"/>				
	▶ Date commenced employment	<input style="width: 100px;" type="text" value=" / /"/>				

<b>REQUIREMENTS</b>	▶ Cabcharge Card required?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	▶ Travel Profile Number required?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	▶ Transfer existing Cabcharge Card and Travel Profile Number to new Office?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	▶ Reorder Cabcharge Card?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

<b>ACKNOWLEDGEMENT OF GUIDELINES FOR USE OF CABCHARGE</b>	▶ I acknowledge that:
	<input type="checkbox"/> I have read and understood the <a href="#">Guidelines for the Use of Cabcharge Cards</a> (the Guidelines).
	<input type="checkbox"/> I have read and understood the <a href="#">Cabcharge Conditions of Use</a> .
	<input type="checkbox"/> 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.

<b>SIGNATURES</b>	▶ By signing this form, I acknowledge that:				
	<ul style="list-style-type: none"> <li>• I understand that knowingly giving false or misleading information is a serious offence under the <i>Criminal Code Act 1995</i>.</li> <li>• I have read and understood the Privacy Collection Notice (see below).</li> </ul>				
	<table style="width: 100%;"> <tr> <td style="width: 80%;"><b>Signature of Employee</b></td> <td style="width: 20%;"><b>Date</b></td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text" value=" / /"/></td> </tr> </table>	<b>Signature of Employee</b>	<b>Date</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value=" / /"/>
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<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value=" / /"/>				

	▶ I consent to the employee receiving the card(s) requested on this form.				
	<table style="width: 100%;"> <tr> <td style="width: 80%;"><b>Signature of Employer or Authorised Person</b></td> <td style="width: 20%;"><b>Date</b></td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text" value=" / /"/></td> </tr> </table>	<b>Signature of Employer or Authorised Person</b>	<b>Date</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value=" / /"/>
<b>Signature of Employer or Authorised Person</b>	<b>Date</b>				
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value=" / /"/>				
	Name (if authorised person) <input style="width: 100%;" type="text"/>				