

# **Political Party Secretariat Training (PPST) Checklist to claim for reimbursement**

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| **Please note:**   1. This checklist is to be used to apply for a claim for reimbursement of MOP(S) Act employee training costs under the PPST program. 2. Funds are payable on a reimbursement basis only – payments will not be made directly to training providers or other suppliers. 3. GST can only be reimbursed where supporting documents show it has been paid. Refer to [ATO website](https://www.ato.gov.au/businesses-and-organisations/gst-excise-and-indirect-taxes/gst/claiming-gst-credits/when-you-can-claim-a-gst-credit) for further details. 4. Claims for reimbursement submitted after 1 December 2025 will need the Department of Finance’s approval prior to processing. 5. Costs for parliamentarians themselves and/or party officials, or for training that relates to party business or opportunities covered in the Professional Development Program, will not be reimbursed. | | |
| **Attachments** | | **Included** |
| **Mandatory documentation** | | |
| **Invoice attached** for “*reimbursement of staff training costs”.*  As payment is provided on a ***reimbursement*** basis to major party secretariats and independent parliamentarians, invoices provided directly from a training provider will not be processed. | |  |
| **Proof of payment of training costs to service provider**  This may be a sales receipt, screenshot, internet banking transfer receipt, etc. | |  |
| **Other supporting documentation (the following should be provided where possible)** | | |
| Completed ‘**Training course details**’ form.  A template is provided at Attachment A. | |  |
| Completed ‘**Summary of course content**’ form  A template is provided at Attachment B. | |  |
| Completed ‘**Trainer salary costs**’ form  A template is provided at Attachment C. | |  |
| Completed ‘**Other related training expenses**’ form  A template is provided at Attachment D. | |  |
| Completed ‘**Training course participants**’ form  A template is provided at Attachment E. | |  |
| Completed ‘**Summary of Expenses Claimed**’ form  A template is provided at Attachment F. | |  |
| If applicable, attached telephone log-book for help desk, or similar training. | |  |
| If applicable, any other supporting documentation. | |  |
| I certify that: | | |
| * the nominated training programs have met the eligibility criteria and the needs of the parliamentarian, or party; | | |
| * the nominated training programs do not include matters other than those related to parliamentary, electorate or committee business; and | | |
| * only costs directly related to the nominated training programs have been included in the claim for reimbursement. | | |
| Name: |  | |
| Signed: |  | |
| Date: |  | |

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| **Training course details** | | | | | | | |
| **Course** | **Course date** | **Venue** | **Cost of venue for training** | **Trainer  (in-house or external)** | **Length of course (hours/ days)** | **Name of trainer and/or provider** | **Name of guest speaker/s** |
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*Add rows or print additional copies of this page if multiple courses are included in the claim.*

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| **Summary of course content** | |
| **Course** | **Course date** |
| Course name | DD/MM/YYYY |
| **Course content / training provided / aims and objectives** | |
| No more than one paragraph required. | |
| **Course** | **Course date** |
| Course name | DD/MM/YYYY |
| **Course content / training provided / aims and objectives** | |
| No more than one paragraph required. | |

*Add rows or print additional copies of this page if multiple courses are included in the claim.*

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| **Trainer salary costs - for in-house training** | |
| **Course:** | |
| Trainer name |  |
| Total salary | **$** |
| Percentage of time spent on training activities as a percentage of the total time |  |
| Cost of salary apportionable to training  (Salary/percentage of time) | **$** |
| Maximum days training per year |  |
| Maximum days preparation |  |
| Total claimable days for training and preparation  (Training days plus preparation days) |  |
| Claimable cost per day for training  (Salary apportionable to training/max days training) | **$** |
| **Course:** | |
| Trainer name |  |
| Total salary | **$** |
| Percentage of time spent on training activities as a percentage of the total time |  |
| Cost of salary apportionable to training  (Salary/percentage of time) | **$** |
| Maximum days training per year |  |
| Maximum days preparation |  |
| Total claimable days for training and preparation  (Training days plus preparation days) |  |
| Claimable cost per day for training  (Salary apportionable to training/max days training) | **$** |

*Add rows or print additional copies of this page if multiple courses are included in the claim.*

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| **Other related training expenses** | | | | | | | | |
| **Course** | **Course date** | **Type of expenses** | **Date** | **Origin** | **Destination** | **Invoice reference** | **No of nights** | **Cost ($)** |
| Course name |  | Airfares | DD/MM/YYYY | e.g. Brisbane | e.g. Canberra |  |  |  |
|  | Taxi | DD/MM/YYYY | e.g. Airport | e.g. Hotel |  |  |  |
|  | Taxi | DD/MM/YYYY | e.g.Hotel | e.g. Airport |  |  |  |
|  | Venue Hire | DD/MM/YYYY | - | - |  |  |  |
|  | Accommodation | DD/MM/YYYY | - | - |  |  |  |
|  | 3rd Party Trainer | DD/MM/YYYY | - | - |  |  |  |
|  | Other (please specify) | DD/MM/YYYY | - | - |  |  |  |
| **TOTAL** | | | | | | | **$0** |
| Course name |  | Airfares | DD/MM/YYYY | e.g. Brisbane | e.g. Canberra |  |  |  |
|  | Taxi | DD/MM/YYYY | e.g. Airport | e.g. Hotel |  |  |  |
|  | Taxi | DD/MM/YYYY | e.g.Hotel | e.g. Airport |  |  |  |
|  | Venue Hire | DD/MM/YYYY | - | - |  |  |  |
|  | Accommodation | DD/MM/YYYY | - | - |  |  |  |
|  | 3rd Party Trainer | DD/MM/YYYY | - | - |  |  |  |
|  | Other (please specify) | DD/MM/YYYY | - | - |  |  |  |
| **TOTAL** | | | | | | | **$0** |
| **Total expenses claimed** | | | | | | | | **$** |

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| **Training course participants** | | |
| Note: Claims for reimbursement may only include training undertaken by MOP(S) Act employees. Training costs for party officials, Senators and/or Members will not be reimbursed. | | |
| **Course name/training provided:** |  | |
| **Course date:** |  | |
| **Participant name** | **Office** | **Office location** |
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*Add rows or print additional copies of this page if multiple courses are included in the claim.*

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| **Summary of Expenses Claimed** | |
| **Trainer costs (see Attachment C)** | |
| *Total time spent* |  |
| *Cost per day of training* |  |
| **Total training cost claimable** |  |
|  |  |
| **Other related training costs (see Attachment D)** | |
| **Total other related training costs** |  |
|  |  |
| **Total expenses claimed**  (Total of trainer costs plus non staff related training costs) |  |
|  |  |
| **YTD claimable costs (GST inclusive) (limit of claimable costs – total cost claimed YTD)** |  |
| **Limit of Claimable Costs (GST inclusive)** |  |
| **Party Members** |  |