

# **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.
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| **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**’ formA template is provided at Attachment B.  | [ ]  |
| Completed ‘**Trainer salary costs**’ formA template is provided at Attachment C.  | [ ]  |
| Completed ‘**Other related training expenses**’ formA template is provided at Attachment D.  | [ ]  |
| Completed ‘**Training course participants**’ formA template is provided at Attachment E.  | [ ]  |
| Completed ‘**Summary of Expenses Claimed**’ formA 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;
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| * the nominated training programs do not include matters other than those related to parliamentary, electorate or committee business; and
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| * 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) |  |
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| **YTD claimable costs (GST inclusive)(limit of claimable costs – total cost claimed YTD)**  |  |
| **Limit of Claimable Costs (GST inclusive)** |  |
| **Party Members** |  |