



PARLIAMENTARIAN'S TRAVEL DECLARATION

- Use this form to claim travelling allowance
- This form must be lodged within 60 days of travel
- Please ensure all relevant fields are completed
- Privacy statement – see over

Options for returning your completed form

Scan and Email to: parlta@finance.gov.au
 Fax to: (02) 6267 3253
 or Post to: Ministerial and Parliamentary Services
 Department of Finance
 John Gorton Building
 King Edward Terrace
 PARKES ACT 2600

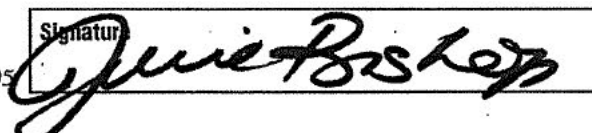
Enquiries: Entitlements Management Branch
 Email: emb@finance.gov.au
 Phone: (02) 6215 3542

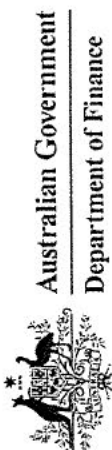
Last name Home base / principal place of residence

First name

TRAVEL DETAILS				TRAVELLING ALLOWANCE						
<ul style="list-style-type: none"> Clearly identify each 'leg' of travel including those where TA is not being claimed Non-consecutive nights must be identified by a separate line for each night/group of nights 				ACCOMMODATION TYPES: COMMERCIAL C NON-COMMERCIAL NC NOT REQUIRED (CANBERRA) NR			DOCUMENTARY EVIDENCE OF COMMERCIAL STAY Either: ATTACHED ATT AVAILABLE ON REQUEST AOR NOT REQUIRED (CANBERRA) NR		MINISTER/ OFFICE HOLDER ONLY	
TRAVEL DATE	TRAVEL FROM	TRAVEL TO	SPECIFIC LOCATION STAYED I.E. SUBURB/TOWN	TYPE OF ACCOM.	TRAVELLING ALLOWANCE STARTING DATE	NO. OF CONSECUTIVE NIGHTS	T.A. CLAUSE (SEE OVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	ACCOM. RECEIPT	SPOUSE NIGHTS (NOT WHIPS)
s22				s22						
s22				s22						
8/1/2016	Sydney	Melbourne	Portsea	NC	8/1/2016	1	3.8b			
s22				s22						
s22				s22						

- I declare that this travel was undertaken in my capacity as an elected representative and I acknowledge that a financial loading will be applied if subsequent adjustment to this travel claim is required.
- I declare that the information I have given is true and accurate. I certify that I have fulfilled all the requirements of the particular Remuneration Tribunal Determination clauses I have identified on this form.
- I understand that knowingly giving false or misleading information is a serious offence under the Criminal Code Act 1995

Signature  Date 15/1/16



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Enquiries: Entitlements Management Branch
 Email: emb@finance.gov.au
 Phone: (02) 6215 3542

Last name: BISHOP Home base / principal place of residence: S47F

First name: JULIE

TRAVEL DETAILS

- Clearly identify each 'leg' of travel including those where TA is not being claimed
- Non-consecutive nights must be identified by a separate line for each night/group of nights

TRAVELLING ALLOWANCE

TRAVEL DATE	TRAVEL FROM	TRAVEL TO	SPECIFIC LOCATION STAYED I.E. SUBURB/TOWN	ACCOMMODATION TYPES:		TRAVELLING ALLOWANCE STARTING DATE	NO. OF CONSECUTIVE NIGHTS	T.A. CLAUSE (SEE OVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	MINISTER/ OFFICE HOLDER ONLY	SPOUSE NIGHTS (NOT WITHIN)
				COMMERCIAL	NON-COMMERCIAL						
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	C	NC	[REDACTED]	2	38b			
6/5/16	Sydney	Melbourne CBD	[REDACTED]	C	NC	6/5/16	2	38b			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			

I declare that this travel was undertaken in my capacity as an elected representative and I acknowledge that a financial loading will be applied if subsequent adjustment to this travel claim is required.

I declare that the information I have given is true and accurate. I certify that I have fulfilled all the requirements of the particular Remuneration Tribunal Determination clauses I have identified on this form.

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Signature: *[Handwritten Signature]* Date: 15/5/16



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Last name: BISHOP

First name: JULIE

Home base / principal place of residence: S47F

TRAVEL DETAILS

- Clearly identify each 'leg' of travel including those where TA is not being claimed
- Non-consecutive nights must be identified by a separate line for each night/group of nights

TRAVELLING ALLOWANCE

TRAVEL DATE	TRAVEL FROM	TRAVEL TO	SPECIFIC LOCATION STATED I.E. SUBURB/TOWN	ACCOMMODATION TYPES:			NO. OF CONSECUTIVE NIGHTS	T.A. CLAUSE (SEE COVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	MINISTER/ OFFICE HOLDER ONLY
				COMMERCIAL	NON-COMMERCIAL	NOT REQUIRED (CANBERRA) NR				
19/5/16	Overseas	Melbourne	CBD	C			3	3.8b		
	S22		S22							
	S22									
	S22									
	S22									
30/5/16	Sydney	Adelaide		C			2	3.8b		
30/5/16	Adelaide	Melbourne	CBD							
	S22		S22							

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Signature: Julie Bishop Date: 4/6/16



PARLIAMENTARIAN'S TRAVEL DECLARATION

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Last name: Bishop

First name: Julie

Home base / principal place of residence: [REDACTED] S47F

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Phone: (02) 6215 3542

TRAVEL DETAILS

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TRAVELLING ALLOWANCE

TRAVEL DATE	TRAVEL FROM	TRAVEL TO	SPECIFIC LOCATION STAYED I.E. SUBURB/TOWN	ACCOMMODATION TYPES:			TRAVELLING ALLOWANCE STARTING DATE	NO. OF CONSECUTIVE NIGHTS	T.A. CLAUSE (SEE COVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	MINISTRY/OFFICE HOLDER ONLY
				COMMERCIAL	NON-COMMERCIAL	NOT REQUIRED (CANTBERRA) NR					
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]		
10/6/16	William town	Albury	[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]		
10/6/16	Albury	Melbourne	CBD				2	3-8b	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]		

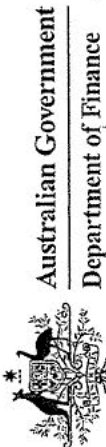
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Signature: Julie Bishop

Date: 15/6/16



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Last name: Bishop

First name: Julie

Home base / principal place of residence: S47F

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TRAVELLING ALLOWANCE

- ACCOMMODATION TYPES:
- C COMMERCIAL
 - NC NON-COMMERCIAL
 - NR NOT REQUIRED (CANNBERRA)

- DOCUMENTARY EVIDENCE OF COMMERCIAL STAY
- Either:
- ATT ATTACHED
 - AOR AVAILABLE ON REQUEST
 - NR NOT REQUIRED (CANNBERRA)

TRAVEL DATE	TRAVEL FROM	TRAVEL TO	SPECIFIC LOCATION STAYED I.E. SUBURB/TOWN	TYPE OF ACCOM.	TRAVELLING ALLOWANCE STARTING DATE	NO OF CONSECUTIVE NIGHTS	T.A. CLAUSE (SEE OVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	ACCOM. RECEIPT	SPOUSE NIGHTS (NOT WHIPS)
20/8/16	Brisbane	Melbourne	CBSD	C	20/8/16	1	38b			

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Signature: Julie Bishop Date: 24/8/16



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Last name: Bishop

First name: Julie

Home base / principal place of residence: S47F

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<u>5/11/16</u>	<u>Perth</u>	<u>Melbourne</u>	<u>CRP</u>	<u>C</u>	<u>5/11/16</u>	<u>1</u>	<u>3.8b</u>				

- I declare that this travel was undertaken in my capacity as an elected representative and I acknowledge that a financial loading will be applied if subsequent adjustment to this travel claim is required.
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Signature: Julie Bishop

Date: 13/11/16

