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Australian Government
Department of Finance

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: Bishop

First name: Julie

Home base / principal place of residence: s47F [redacted]

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

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 CONSE-CUTIVE NIGHTS	T.A. CLAUSE (SEE OVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	ACCOM. RECEIPT	SPOUSE NIGHTS (NOT WHIPS)
[redacted] s22			[redacted] s22							
			[redacted] s22							
8/1/2016	Sydney	Melbourne	Portsea	NC	8/1/2016	1	3.8b			
[redacted] s22										
[redacted] 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: Julie Bishop

Date: 15/1/16

Australian Government
Department of Finance

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Email:	emb@finance.gov.au
Phone:	(02) 6215 3542

Last name: BISHOP

First name: JULIE

Home base / principal place of residence: s47F [redacted]

TRAVEL DETAILS / TRAVELLING ALLOWANCE

- 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

TRAVEL DATE	TRAVEL FROM	TRAVEL TO	SPECIFIC LOCATION STAYED I.E. SUBURB/TOWN	TYPE OF ACCOM.	TRAVELLING ALLOWANCE STARTING DATE	NO. OF CONSE-CUTIVE NIGHTS	T.A. CLAUSE (SEE OVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	MINISTER/ OFFICE HOLDER ONLY SPOUSE NIGHTS (NOT WHIPS)
5/3/16	Sydney	Melbourne	City	C	5/3/16	3	3.8b		
s22 [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.
- I understand that knowingly giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.

Signature: Julie Bishop

Date: 29/3/16

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Department of Finance

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Phone:	(02) 6215 3542

Last name: BISHOP

First name: JULIE

Home base / principal place of residence: s47F [redacted]

TRAVEL DETAILS / TRAVELLING ALLOWANCE

- Clearly identify each 'leg' of travel including those where TA is not being claimed
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ACCOMMODATION TYPES:
COMMERCIAL C
NON-COMMERCIAL NC
NOT REQUIRED (CANBERRA) NR

TRAVEL DATE	TRAVEL FROM	TRAVEL TO	SPECIFIC LOCATION STAYED I.E. SUBURB/TOWN	TYPE OF ACCOM.	TRAVELLING ALLOWANCE STARTING DATE	NO. OF CONSE-CUTIVE NIGHTS	T.A. CLAUSE (SEE OVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	MINISTER/ OFFICE HOLDER ONLY SPOUSE NIGHTS (NOT WHIPS)
[redacted] s22									
8/4/16	Sydney	Melbourne	City	C	8/4/16	2	3.8.b		
[redacted] s22				[redacted] s22					
[redacted] 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: Julie Bishop

Date: 23/4/16

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Department of Finance

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Email:	emb@finance.gov.au
Phone:	(02) 6215 3542

Last name: BISHOP

First name: JULIE

Home base / principal place of residence: s47F [redacted]

TRAVEL DETAILS / TRAVELLING ALLOWANCE

- 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

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	MINISTER/ OFFICE HOLDER ONLY SPOUSE NIGHTS (NOT WHIPS)
[redacted] s22									
30/4/16	Launceston	Melbourne	CBD	C	30/4/16	2	3.86		
[redacted] 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: [signature]

Date: 5/5/16

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Department of Finance

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

Last name: BISHOP

First name: JULIE

Home base / principal place of residence: s47F [redacted]

TRAVEL DETAILS / TRAVELLING ALLOWANCE

- 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

TRAVEL DATE	TRAVEL FROM	TRAVEL TO	SPECIFIC LOCATION STAYED I.E. SUBURB/TOWN	TYPE OF ACCOM	TRAVELLING ALLOWANCE STARTING DATE	NO. OF CONSECUTIVE NIGHTS	TA CLAUSE (SEE OVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	MINISTER/ OFFICE HOLDER ONLY: SPOUSE NIGHTS (NOT WHIPS)
[redacted] s22									
6/5/16	Sydney	Melbourne	CBD	C	6/5/16	2	3.86		
[redacted] s22			[redacted] s22	[redacted] s22					
			[redacted] s22	[redacted] 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.
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Signature: [signature]

Date: 15/5/16

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Department of Finance

PARLIAMENTARIAN'S TRAVEL DECLARATION

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

Last name: BISHOP

First name: JULIE

Home base / principal place of residence: s47F [redacted]

TRAVEL DETAILS / TRAVELLING ALLOWANCE

- 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

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	MINISTER/ OFFICE HOLDER ONLY: SPOUSE NIGHTS (NOT WHIPS)
19/5/16	Overseas	Melbourne	CBD	C	19/5/16	3	3.8b		
s22 [redacted]			s22 [redacted]	s22 [redacted]					
s22 [redacted]				s22 [redacted]					
s22 [redacted]									
s22 [redacted]				s22 [redacted]					
30/5/16	Sydney	Adelaide							
30/5/16	Adelaide	Melbourne	CBD	C	30/5/16	2	3.8b		
s22 [redacted]			s22 [redacted]	s22 [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.
- I understand that knowingly giving false or misleading information is a serious offence under the *Criminal Code Act 1995*

Signature: Julie Bishop

Date: 4/6/16

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Department of Finance

PARLIAMENTARIAN'S TRAVEL DECLARATION

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

Last name: Bishop

First name: Julie

Home base / principal place of residence: s47F [redacted]

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

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

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	MINISTER/ OFFICE HOLDER ONLY: SPOUSE NIGHTS (NOT WHIPS)
[redacted] s22			[redacted] s22	[redacted] s22					
			[redacted] s22	[redacted] s22					
10/6/16	Williamtown	Albury							
10/6/16	Albury	Melbourne	CBD	C	10/6/16	2	3.86		
[redacted] 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: Julie Bishop

Date: 1ST 6/16

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Australian Government
Department of Finance

PARLIAMENTARIAN'S TRAVEL DECLARATION

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

Last name: Bishop

First name: Julie

Home base / principal place of residence: [redacted] 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

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 CONSE-CUTIVE NIGHTS	T.A. CLAUSE (SEE OVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	ACCOM. RECEIPT	SPOUSE NIGHTS (NOT WHIPS)
[redacted] s22										
20/8/16	Brisbane	Melbourne	CBD	C	20/8/16	1	3.8b			
[redacted] 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.
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Signature: Julie Bishop

Date: 24/8/16

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

Last name: Bishop

First name: Julie

Home base / principal place of residence: s47F [redacted]

TRAVEL DETAILS

- Clearly identify each 'leg' of travel including those where TA is not being claimed
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TRAVELLING ALLOWANCE

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NON-COMMERCIAL NC
NOT REQUIRED (CANBERRA) NR

DOCUMENTARY EVIDENCE OF COMMERCIAL STAY
Either:
ATTACHED ATT
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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 CONSE-CUTIVE NIGHTS	T.A. CLAUSE (SEE OVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	ACCOM. RECEIPT	SPOUSE NIGHTS (NOT WHIPS)
[redacted] s22			s22 [redacted]	[redacted] s22						
30/9/16	Perth	Melbourne	CBD	C	30/9/16	5	38b			
4/10/16	Melbourne	Canberra								
4/10/16	Canberra	Melbourne								
[redacted] 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.
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Signature: Julie Bishop

Date: 11/10/16

Australian Government
Department of Finance

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

Last name: Bishop

First name: Julie

Home base / principal place of residence: s47F [redacted]

TRAVEL DETAILS

- Clearly identify each 'leg' of travel including those where TA is not being claimed
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TRAVELLING ALLOWANCE

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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 CONSE-CUTIVE NIGHTS	T.A. CLAUSE (SEE OVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	ACCOM. RECEIPT	SPOUSE NIGHTS (NOT WHIPS)
7/10/16	Perth	Melbourne	CBD	C	7/10/16	2	3.8b			
s22 [redacted]										

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Signature: Julie Bishop

Date: 15/10/16

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Email:	emb@finance.gov.au
Phone:	(02) 6215 3542

Last name: Bishop

First name: Julie

Home base / principal place of residence: s47F [redacted]

TRAVEL DETAILS

- Clearly identify each 'leg' of travel including those where TA is not being claimed
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TRAVELLING ALLOWANCE

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

DOCUMENTARY EVIDENCE OF COMMERCIAL STAY
Either:
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TRAVEL DATE	TRAVEL FROM	TRAVEL TO	SPECIFIC LOCATION STAYED I.E. SUBURB/TOWN	TYPE OF ACCOM.	TRAVELLING ALLOWANCE STARTING DATE	NO. OF CONSE-CUTIVE NIGHTS	T.A. CLAUSE (SEE OVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	ACCOM. RECEIPT	SPOUSE NIGHTS (NOT WHIPS)
[redacted] s22			[redacted] s22							
			[redacted] s22							
28/10/16	Overseas	Melbourne	CBD	C	28/10/16	5	3.8b			
[redacted] 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.
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Signature: Julie Bishop

Date: 11/11/16

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Email:	emb@finance.gov.au
Phone:	(02) 6215 3542

Last name: Bishop

First name: Julie

Home base / principal place of residence: [redacted] s47F

TRAVEL DETAILS

- Clearly identify each 'leg' of travel including those where TA is not being claimed
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TRAVELLING ALLOWANCE

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 CONSE-CUTIVE NIGHTS	T.A. CLAUSE (SEE OVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	ACCOM. RECEIPT	SPOUSE NIGHTS (NOT WHIPS)
[redacted] s22										
5/11/16	Perth	Melbourne	CBD	C	5/11/16	1	3.8b			
[redacted] s22										
[redacted] s22										

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- I understand that knowingly giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.

Signature: Julie Bishop

Date: 13/11/16

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

Last name: Bishop

First name: Julie

Home base / principal place of residence: [redacted] s47F

TRAVELLING ALLOWANCE

- 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

TRAVEL DATE	TRAVEL FROM	TRAVEL TO	SPECIFIC LOCATION STAYED I.E. SUBURB/TOWN	TYPE OF ACCOM.	TRAVELLING ALLOWANCE STARTING DATE	NO. OF CONSE-CUTIVE NIGHTS	T.A. CLAUSE (SEE OVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	MINISTER/ OFFICE HOLDER ONLY SPOUSE NIGHTS (NOT WHIPS)
9/1/17	Perth	Melbourne							
9/1/17	Melbourne	Sydney	CBD	C	9/1/17	1	3.8b		
[redacted] s22									
14/1/17	Perth	Sydney	CBD	C	14/1/17	1	3.8b		
[redacted] 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: Julie Bishop

Date: 16/1/17

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Australian Government
Department of Finance

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: BISHOP

First name: JULIE

Home base / principal place of residence: s47F [redacted]

TRAVEL DETAILS / TRAVELLING ALLOWANCE

- 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

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	MINISTER/ OFFICE HOLDER ONLY SPOUSE NIGHTS (NOT WHIPS)
[redacted] s22									
[redacted]			[redacted] s22						
1/2/17	Canberra	Sydney	CBD	C	1/2/17	1	3.8b		
[redacted] 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: Julie Bishop

Date: 2/2/17

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Australian Government
Department of Finance

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

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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: Bishop

First name: Julie

Home base / principal place of residence: [redacted] 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

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 CONSE-CUTIVE NIGHTS	T.A. CLAUSE (SEE OVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM	ACCOM. RECEIPT	SPOUSE NIGHTS (NOT WHIPS)
[redacted] s22										
9/2/17	Canberra	Sydney	CBD	C	9/2/17	1	3.86			
[redacted] 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: Julie Bishop

Date: 2/3/17

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Australian Government

Independent Parliamentary Expenses Authority

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 Collection Notice – see page 2

Options for returning your completed form

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

or Post to: Independent Parliamentary Expenses Authority
One Canberra Avenue
FORREST ACT 2603

Enquiries: Independent Parliamentary Expenses Authority
Email: enquiries@ipea.gov.au
Phone: (02) 6215 3000

Last name: BISHOP

First name: JULIE

Home base / principal place of residence: CURTIN/ WA

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

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

- Incorrect details will delay processing of this claim

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

TRAVEL DATE	TRAVEL FROM	TRAVEL TO	SPECIFIC LOCATION STAYED I.E SUBURB/TOWN	TYPE OF ACCOM.	TRAVELLING ALLOWANCE STARTING DATE	NO. OF CONSE-CUTIVE NIGHTS	T.A. CLAUSE (SEE OVER)	NAME OF MEETING/COMMITTEE AND/OR REASON FOR CLAIM (must be completed)	ACCOM. RECEIPT
28/9/17	USA	MELB	MELB CBD	C	28/9/17	3	3.8B		
[redacted] s22			[redacted] s22	[redacted] s22	[redacted] s22	[redacted] s22			
			[redacted] s22		[redacted] s22		[redacted] s22		
			[redacted] s22						
			[redacted] s22				[redacted] s22		

* Subject to post payment checking.

By signing this form, I acknowledge that:

- 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*.
- I have read and understood the Privacy Collection Notice (see page 2).

Signature: Julie Bishop

Date: 25/10/17

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