Application for Appeal to Compliance Officer

**Appeal of a decision to reject a claim for a work-related parliamentary allowance   
or under the Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Member’s Details** | | | |
| Title |  | | |
| Name |  | | |
| Electorate |  | | |
| Parliamentary office (if any) |  | | |
| Telephone number |  | | |
| Postal address |  | | |
| Email address |  | | |
| 1. **Authorised Agent (Optional)** | | | |
| *By completing this section you authorise the person listed below to act on your behalf in relation to the claim and you agree that the Compliance Officer may contact this person on your behalf.*  *(see regulation 16 of the Parliamentary Salaries, Allowances and Superannuation Regulations 2019)* | | | |
| Name of Agent |  | | |
| Office and title (if any) |  | | |
| Telephone number |  | | |
| Postal address |  | | |
| Email address |  | | |
| 1. **Details about the claim** | | | |
| The work-related parliamentary allowance or Budget being claimed | Parliamentary accommodation sitting allowance  Travel allowance  Commercial transport allowance  International travel allowance  Electorate Office and Communications Budget | | |
| Amount being claimed | $ | | |
| Description of the expenses being claimed |  | | |
| Have you lodged and approved the claim in the Oracle system? | Yes | *If yes* | Is a copy of the Oracle claim attached?  Yes  No – *please explain why it cannot be provided:* |
| No | *If no* | Is a copy of the form used to make the claim attached?  Yes  No – *please explain why it cannot be provided:* |
| Are you attaching any other supporting documentation, such as an invoice or receipt? | Yes | *If yes* | Please list the documents attached: |
| No |  |
| Have you already received a payment in relation to the claim? | Yes | *If yes* | Value of the payment received:  $  Date the payment was received:  dd / mm / yyyy |
| No |  |
| 1. **Decision by the Relevant Officer to reject the claim** | | | |
| Date of the decision to reject your claim | dd / mm / yyyy | | |
| Who made the decision?  *(i.e. the Relevant Officer)* | Clerk of the Legislative Assembly  Clerk of the Legislative Council  Secretary, Department of Parliamentary Services  *(or delegate)* | | |
| Is a copy of the Relevant Officer’s decision attached to this application? | Yes |  | Please explain why the original decision cannot be provided: |
| No | *If no* |
| Briefly explain why the claim was rejected |  | | |
| Why do you believe the decision to reject your claim is wrong?  *Please give detailed reasons.*  *Please attach any supporting information you consider to be relevant.* |  | | |
| **Declaration**  *I confirm that this appeal is being made within 28 days of being advised by the Relevant Officer that my claim was rejected.*  *I certify that all statements made are, to the best of my knowledge, true and accurate.* | | | |
| **Member’s signature** |  | | |
| **Date of signature** | dd / mm / yyyy | | |

**Lodge this form by email at compliance.officer@remunerationtribunal.vic.gov.au**

***Collection Notice***

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