

Robert Hamill Inquiry

WITNESS EXPENSE CLAIM FORM

***** Please note: This claim MUST be submitted within thirty (30) days from costs being incurred. Claims submitted outside this period CANNOT be accepted. *****

***** Claims MUST be fully supported by detailed receipts and certified proof of any loss of earnings. *****

Your details - please use BLOCK CAPITALS for this section		
Name		
Address (including postcode)		
Daytime phone number and e-mail address		
Your declaration		
I confirm that the details on this form are true and that I am entitled to claim expenses for attending to give evidence to the Inquiry or for helping someone else to do so.		
I understand that if I deliberately make a false statement I can be prosecuted.		
Signature		
Date		
Attendance - You must fill in this section of the form		
This section allows you to claim a subsistence allowance for your attendance to give evidence to the Inquiry. We will pay you a fixed sum towards the cost of refreshments depending on how long you are away from home or work.		
I attended at (place)	on (dates)	and was away from home between (times)and
Did we pay for your accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>		

If no, please give your overnight address, the reason for your stay and **attach any receipts**.

Travel costs

Please fill in this section if you have had any public transport costs. We will repay bus/coach and tube fares in full, train fares at standard class, air or sea travel costs at economy fare rates.

Method of travel	Number of days	Total cost
		£
		£
		£
		£

We will normally only pay your taxi fare if you are ill, disabled, or if there is no other means of transport available. If you are claiming taxi fares, please give the reason you travelled by taxi:

Please attach receipts and tickets if you travelled by rail, tube, air, sea or taxi.

If you travelled by private car, motorcycle or bicycle, how many miles in **total** did you travel?

If you had to pay parking fees, please write the amount here:

Did you give a lift to any other witnesses? If so, please give their names and the total number of miles they travelled with you:

Name	miles	Name	miles
Name	miles	Name	miles
Name	miles	Name	miles

If you were a passenger in someone else's car you should **not** claim if they are also claiming.

You may be able to claim the higher rate of mileage allowance if that was the only way you could attend to give evidence or if you or any witness you gave a lift to are disabled or elderly. If you wish to claim the higher rate, please give your reasons here:

Loss of earnings if you are employed

Your employer should complete this section if you have lost earnings while you gave evidence to the Inquiry. If your employer has not made a deduction from your pay, you cannot make a claim.

Employer: If this person has had earnings deducted, please have this section of the form completed by an appropriate person (eg someone in the pay or wages office). Do not include overtime or bonus payments that the employee might have lost as we cannot pay for these.

Employee's job.....

	Half days (up to 4 hours)	Full days (over 4 hours)
Number of days' absence		
Net earnings lost each day after tax, NIC and any other deductions	£	£

Declaration (to be signed by the employer)

I confirm that(employee's name) was absent from work for the time given above and lost the earnings stated.

Your name.....

Your signature.....

Date.....

Company name.....

Your position.....

Please insert the company's stamp in the box below or attach a letterhead, business card or other proof that this person is employed by your company.

Company telephone number.....

E-mail address.....

Loss of earnings if you are self-employed

Please complete this section if you have lost earnings while you gave evidence to the Inquiry. There is an upper limit to the amount we can pay you. **Please treat these payments as business receipts for tax purposes.**

What is the nature of your business?.....

	Half days (up to 4 hours)	Full days (over 4 hours)
Number of days' absence		
Gross earnings lost each day	£	£

Please provide proof of your self-employment showing a direct relationship between you and your company. This could be

- a business card showing both your full name and business name
- a letter showing both your full name and business name
- a letter from your accountant, the inland revenue or a similar agency confirming that you are self-employed
- a copy of your subcontractor's certificate issued by the inland revenue
- a copy of any licence you require to carry on your business
- a letter from the company to which you are currently subcontracting confirming that you are self-employed.

Please provide proof of the amount of earnings lost e.g. letter from accountant, invoices showing daily rates, price lists etc.

We will not be able to pay you if you do not provide this proof.

Paying someone to cover your absence; childcare costs

Please complete this section if you paid someone to do your work for you or to look after your children while you gave evidence to the Inquiry. We would not usually pay for these if you have also claimed loss of earnings. **If you are claiming for both, please explain why below.** There is a limit to the amount we will pay.

The person who covered your absence from work or looked after your children should fill in and sign the following:

I was employed by as a

	Day 1	Day 2	Day 3	Day 4
On what dates did you work?				
For how many hours?				
What were you paid?	£	£	£	£
Childcare: How many children did you care for?				

I confirm that the details given above are correct.

Your name Your signature

Your address

Your phone number Date

Other costs

Please give details of any other costs you have had because of your attendance to give evidence, and attach receipts to support your claim. Please note that there is a limit to the amount we will pay.

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