



Expenses claim form for witness

*Please complete in CAPITALS and black ink. *Attach ALL receipts and tickets. *Where tick boxes appear, please tick those that apply.

Section 1: Personal Details

Surname	Home Address and postcode
<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>
<input type="text"/>	<input type="text"/>
Home telephone number (include STD code)	<input type="text"/>
<input type="text"/>	<input type="text"/>

Section 2: Method of payment

Please pay me: by cheque to my home address ▶ **Please go to Section 3** direct to my bank
(Please complete details below)

Bank name	Account name
<input type="text"/>	<input type="text"/>
Bank address	Account number
<input type="text"/>	<input type="text"/>
<input type="text"/>	Sort code
<input type="text"/>	<input type="text"/>
<input type="text"/>	Building Society roll number
<input type="text"/>	<input type="text"/>

Section 3: Hearing details

Date of hearing	Appeal number
<input type="text"/>	<input type="text"/>
Full name of child	
Surname	First name(s)
<input type="text"/>	<input type="text"/>

Section 4: Travel expenses

Date of travel	
<input type="text"/>	
From	To
<input type="text"/>	<input type="text"/>
Method of transport: (mileage is currently 23.8p per mile)	other (please state)
bus <input type="checkbox"/> car <input type="checkbox"/> train <input type="checkbox"/>	<input type="text"/>
Total number of miles (if by car) (Home to hearing and return)	Amount claimed
<input type="text"/>	£ <input type="text"/>

Section 5: Claim for loss of earnings

Your occupation	Employer's address
<input type="text"/>	<input type="text"/>
Number of hours lost	<input type="text"/>
<input type="text"/>	<input type="text"/>
Up to 4 hours absence (£27.25)	<input type="text"/>
<input type="text"/>	<input type="text"/>
Over 4 hours absence (£54.50)	<input type="text"/>
<input type="text"/>	<input type="text"/>

Note: Only claim if you lost money. Do not claim if the loss was made good before or after the hearing. We can contact your employer about the details you have given.

Please complete Section 6 and Section 7 overleaf.

Section 6: Total claim

Travel expenses (*Amount claimed in Section 4*)

Loss of earnings (*Amount claimed in Section 5*)

Total amount claimed

Section 7: Declaration

¹ This claim has been made in accordance with the guidance issued to me.
¹ No other claim for these expenses has been or will be made against the Tribunal or any other Government Department.

Signed

Name

Date

Please send your completed form to the address given in Section 8.

Section 8: Authority (For Tribunal use only)

I have examined the claim and approve payment of

Comments

Address and postcode

Tribunals Service (SEND)
Mowden Hall
Staindrop Road
Darlington
DL3 9BG

Signed (EO or above)

Name

Date

Section 9: Authorisation

Cost Centre	Operating Unit	NAC Code	Amount
T 0 1 5 0	3 0	2 2 6 4 1 1	£ .

Name of Authorising Officer

Section title and address (*Do not complete if the same as Section 6*)

Signature of Authorising Officer

Authorising Officer's number

Telephone number

Date

Please send your completed AP304(W) to FD5B(APS)

Input by

on

Claim type

Checked by

on

Voucher number

For FD5B use only