



Witness Expenses Form

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

Full Name	
Address (including Postcode)	
Telephone Number	
Email Address	

Section 2 – Method of Payment

Direct to my bank account (please complete details below)

Account Name:										
Account number:										
Sort Code:										
Bank Address:										
Building Society roll number										

Section 3 – Hearing Details

Date of hearing:	
Venue:	
Reference Number:	

Section 4 – Travel Expenses

Date of Travel	From	To	Method of Travel
			Car <input type="checkbox"/>
			Train <input type="checkbox"/>
			Bus <input type="checkbox"/>
			Other <input type="checkbox"/> (please state)

Total number of miles (if by car) (Home to hearing and return)	
Amount claimed (see guidance booklet APW09 for current allowance rate)	£

Section 5 – Loss of Earnings

You can only claim if you have lost money. You cannot claim if the loss was made good before or after the hearing. We can contact your employer about the details you have given.

Your occupation	
Employers address	
Number of hours lost: (See guidance booklet APW09 for current allowance)	<input type="text"/>

Section 6 – Total Claim

Travel expenses (Amount claimed in Section 4)	£
Loss of earnings (Amount claimed in Section 5)	£
Total amount claimed (4 + 5)	£

Section 7- Declaration

This claim has been made in accordance with the guidance issued to me.

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 following address:

Registrar to the Panel
Adjudication Panel for Wales
Oak House
Cleppa Park
Celtic Springs
Newport
NP10 8BD

Telephone: 03000 259 805

E-mail: adjudication.panel@gov.wales

Website: <https://adjudicationpanel.gov.wales>

Section 8 – Authority (for Tribunal use only)

I have examined the claim and approve payment of:	£
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Comments

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Signed: (Business Manager)	
Name	
Date	