



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
Welsh Tribunals Unit
PO Box 100
Llandrindod Wells
LD1 9BW

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: | £ |
|---|---|

Comments

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|--|
| |
|--|

| | |
|-------------------------------|--|
| Signed: (Business Manager) | |
| Name | |
| Date | |