

Witness Expenses Application Form

Claims for the reimbursement of travel costs should be supported by receipts, unless these are not available (please indicate if this is the case).

If you are returning your form via email, please scan or photograph the receipts and attach them to your claim submission email. Please forward the completed form to <u>hearingsandwitnesses@covid19inquiry.scot</u>.

If you have any queries regarding the nature of your expenses, please contact the Witness Support Team at <u>hearingsandwitnesses@covid19inquiry.scot</u>.

Your Contact Details			
Preferred contact method	Phone	Email	Letter
Full Name			
Address			
Email address			
Telephone number			

Bank Details	
Bank/Building Society name	
Bank/Building Society address	
Account name	
Account number	
Sort code	

Expenses Claim	
Dates covered in claim	
Date of attendance at hearing	

Expense Details				
Expense Type (travel, subsistence, accommodation, other)	Date of Spend	Description	Total Amount	Receipt Attached?

TOTAL		

Financial information for Loss of Time Claims You only need to complete this section if you are claiming expenses for loss of time. Employed Self-Employed Unemployed/ Retired \square \Box Employment status If you are employed, will you be paid for the time absent from work? (if no, please provide evidence, for example a letter from your employer) Please also provide details of the calculation of the amount you are claiming (e.g. number of hours and the amount of hourly pay or

salary. You should provide evidence of the amount of your hourly pay, the number of hours of work you are missing etc and attach it to

this application)

If you are self-employed,
please provide evidence of your daily rate of income by
attaching it to this application
and set out the calculation of
the amount you are claiming
here:

Declaration

I confirm that the information I have given in this claim form (and any other documents I provide with it) is true and correct to the best of my belief and knowledge.

Signature	
Date	