

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 hearingsandwitnesses@covid19inquiry.scot.

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

Your Contact Details				
Preferred contact method		Phone	Email	Letter
Full Name				
Address				
Email address				
Telephone number				
<u> </u>	<u> </u>			
Bank Details				
Bank/Building Society name				
Bank/Building Society address				
Account name				
Account number				
Sort code				
Expenses Claim				
Dates covered in clain				
Date of attendance at hearing				
Expense Details				
Expense Type (travel,	Date of	Description	Total Am	ount Receipt
subsistence,	Spend			Attached?
accommodation,				

	1					1				
TOTAL										
Financial information	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-E	mployed	Uı	nemployed/				
Employment status		, ,		' '		Retired				
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)										
Discount of the late										
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. Y										
should provide evidence										
amount of your hourly pay, the										
number of hours of work you										
are missing etc and at	tach it to									
this application)										
If you are self-employ										
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	s true and corre	ct to the	best of n	ny b	elief and				
knowlodge										
knowledge.										
Signature										