

# Witness Expenses Claim Form

Before completing this form you should read Protocol No. 5: Witness Expenses which can be found on the Inquiry’s website.

## Details of claimant

|  |  |
| --- | --- |
| **Name:** (If you were a companion of someone else who attended the Inquiry please also state their name.) |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Date of Attendance at the Inquiry:** |  |

## Details of journey to and from the Inquiry

|  |  |
| --- | --- |
| **Details of Journey:**(Please provide details of your journey including: the mode of transport, where you travelled from, and the names of any passengers. If you travelled by taxi please explain why it was necessary to take a taxi.) |  |
| **Distance travelled in miles:**(The maximum mileage rates set out in Protocol No 5 apply. Please state the amount of miles you travelled and the amount of miles each passenger travelled with you.) |  |
| **Amount of travel expenses claimed (£):** |  |

## Details of subsistence claimed

| **Amount Claimed (£):** |  |
| --- | --- |

## Financial loss

| **Amount Claimed (£):** |  |
| --- | --- |

**Please ensure that you provide receipts for any public transport tickets, taxis or subsistence claims and vouching documentation for any financial loss claim. Further guidance on the vouching documentation required can be found in Protocol No.5.**

## Bank Account Details

Please provide details of the bank account which you wish any payment to be made to.

|  |  |
| --- | --- |
| **Bank Name & Address:** |  |
| **Account Holder’s Name:** |  |
| **Sort Code:** |  |
| **Account Code:**  |  |

Please send your completed form and receipts to:

Muckamore Abbey Hospital Inquiry

1st Floor

Corn Exchange

31 Gordon Street

Belfast

BT1 2LG

Or by email to info@mahinquiry.org.uk

Please retain a copy of your claim and receipts until payment has been received.

**FOR INQUIRY USE ONLY**

Reference No:

Approved by:

Signature:

Date: