



HEARINGS – WITNESS EXPENSES CLAIM FORM

This form must be completed by witnesses who wish to claim payment of their expenses associated with their appearance before the Commission or their attendance at a witness interview.

Details of what a witness may claim is set out in the *Hearings – Witness Expenses Policy* available on the Commission's website.

WITNESS DETAILS

Name:

Postal address:

Phone number:

Email address:

DETAILS OF WITNESS INTERVIEW WITH THE COMMISSION

Date of interview:

Location of interview:

Interview start time:

am/pm

Interview end time

am/pm

Duration of interview:

Date of interview:

Location of interview:

Interview start time:

am/pm

Interview end time

am/pm

Duration of interview:

Date of interview:

Location of interview:

Interview start time:

am/pm

Interview end time

am/pm

Duration of interview:

DETAILS OF APPEARANCE BEFORE THE COMMISSION

Date of hearing:

Location of hearing:



**Commission of Inquiry into
the Tasmanian Government's
Responses to Child Sexual
Abuse in Institutional Settings**

Time required to attend (as stated on notice to appear): _____ am/pm

Time of conclusion of evidence: _____ am/pm

Duration of evidence: _____

TYPE OF CLAIM

- Travel expenses.
- Meal allowance.
- Accommodation allowance and incidental expenses.
- Compensation for loss of income.
- Legal costs.

CLAIM DETAILS

Travel expenses

Departure location 1: _____

Destination 1: _____

Departure location 2: _____

Destination 2: _____

Mileage (use of personal car):

Kilometres travelled: _____

Mileage cost (75.66 cents per km): \$ _____

Public transport: \$ _____

Taxi: \$ _____

Commercial passenger vehicle: \$ _____

Hire car: \$ _____

Other: \$ _____

Copies of all GST receipts attached: Yes No

Total claim for travel allowance: \$ _____



Part-day travel

Meal allowance

Departure location: _____

Destination: _____

Time of departure: _____ am/pm

Time of return: _____ am/pm

Travelled over 60km to attend: Yes No

Meal/s:

Breakfast (\$13.55) Dinner (\$25.95)

Total claim for part-day meal allowance: \$ _____

Overnight travel

Meal allowance

Meal/s:

Breakfast (\$28.70) Lunch (\$32.30) Dinner (\$55.05)

Breakfast (\$28.70) Lunch (\$32.30) Dinner (\$55.05)

Total claim for overnight meal allowance: \$ _____

Accommodation allowance and incidental expenses

Departure location: _____

Destination: _____

Time of departure: _____ am/pm

Time of return: _____ am/pm

Date/s of overnight accommodation: _____

Location and type of accommodation: _____

Prior written approval obtained from the Commission to arrange own accommodation: Yes No

Copy of receipt from commercial accommodation attached: Yes No

Total claim for accommodation allowance
(\$147 per night in Tasmania): \$ _____



Incidental expenses of \$20.40 per night claimed (no receipt required): Yes No

Total claim for incidental expenses: \$ _____

Compensation for loss of income

Number of hours, or parts of hours, of
actual loss incurred: _____

Rate of payment claimed (to a maximum of
\$38.02 per hour): _____ per hour

Evidence to support claim attached: Yes No

Reasons to support claim for compensation:

Total claim for compensation: \$ _____

Legal costs

Lawyer's name/firm: _____

Copy of invoice detailing legal costs attached: Yes No

Reasons to support claim for legal costs associated with appearance before the Commission and/or
attendance at witness interview:



Total claim for legal costs: \$ _____

TOTAL CLAIM AND DETAILS OF PAYMENT

Total travel expenses:	\$ _____
Total meal allowance:	\$ _____
Total accommodation allowance:	\$ _____
Total incidental expenses:	\$ _____
Total compensation for loss of income:	\$ _____
Total legal costs:	\$ _____
TOTAL CLAIM:	\$ _____

Bank details for payment of claim (if approved)

Account name: _____
BSB: _____
Account number: _____

Witness confirmation

I confirm that the costs, allowances, expenses and/or compensation claimed has been incurred in accordance with the *Hearings – Witness Expenses Policy*.

Signature:

Date:

[PLEASE TYPE NAME IF SENDING ELECTRONICALLY]

Witnesses should send the completed claim form together with all relevant receipts and supporting evidence to the Commission:

- By email to: office@commissionofinquiry.tas.gov.au, or
- By post to:
The Commission of Inquiry
GPO Box 229
Hobart TAS 7001



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FOR OFFICE USE ONLY

Approved by the Commission: Yes No

If not approved, reasons why:

Witness advised of outcome of their claim: Yes No

Dated: