**SESSIONS WITH A COMMISSIONER –**

**Participant Expenses Claim Form**

This form must be completed by people who wish to claim for payment of expenses associated with their attendance at a session with a Commissioner.

Details of what a participant may claim is set out in the *Sessions with a Commissioner* – *Participant Expenses Policy* available on the Commission’s website*.*

# Participant details

|  |  |
| --- | --- |
| Name: |  |
| Postal address: |  |
|  |  |
| Phone number: |  |
| Email address: |  |

# Details of session with a Commissioner

|  |  |
| --- | --- |
| Date of session: |  |
| Location of session: |  |

# 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: | **$** |

**Meal allowance (part-day travel)**

|  |  |  |
| --- | --- | --- |
| Departure location: |  | |
| Destination: |  | |
| Time of departure: |  | am/pm |
| Time of return: |  | am/pm |
| Travelled over 60km to attend a session: | Yes  No | |

Meal/s:

|  |  |  |
| --- | --- | --- |
| Breakfast ($13.55) | Dinner ($25.95) | |
| Total claim for part-day meal allowance: | | **$** | |

**Accommodation and meal allowance (overnight travel)**

|  |  |  |
| --- | --- | --- |
| 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: | **$** |

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: | **$** |

**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 attendance at a session:

|  |
| --- |
|  |
|  |
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|  |
|  |
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|  |
|  |

|  |  |
| --- | --- |
| 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: |  |

# Participant’s confirmation

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

|  |  |
| --- | --- |
| **Signature:** | **Date:** |
| **[PLEASE TYPE NAME IF SENDING ELECTRONICALLY]** |  |

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

* + By email to: [contact@commissionofinquiry.tas.gov.au](mailto:contact@commissionofinquiry.tas.gov.au), or
  + By post to:

The Commission of Inquiry

GPO Box 229

Hobart TAS 7001

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY**  Approved by the Commission: Yes  No  If not approved, reasons why:   |  | | --- | |  | |  | |  | |  |   Participant advised of outcome of their claim: Yes  No  Dated: |