Witness expenses - notes and forms

Updated December 2017
Contents

Form W(1): Claim notes for witnesses......................................................... 3
Claim form for witnesses........................................................................... 5
Form W(1): Claim notes for witnesses

The following conditions should be observed in the completion of claims for expenses. Claims must be submitted within one month of your appearance before the Committee.

All claims must be supported by receipts. Claims for travel expenses must include tickets which clearly show the date of travel, the details of where you travelled to and from, and the price. This may mean that you need to show your ticket to an inspector at the end of your journey so that you can retain it, rather than letting it be taken by a machine.

We are committed to promoting equality, diversity and inclusion. If you require any reasonable adjustments to support your attendance, please contact the Clerk of the Committee.

Conditions of payment

Travelling Expenses

1. The mode of travel (air, rail, etc.) is to be specified in each case, and the place to and from which the journey is made.

2. The cost of journeys by air will be allowed to the extent of economy class travel.

3. The cost of journeys by rail or coach will be allowed to the extent of economy class travel. The cost of tube/bus/and local rail services within London will be allowed to the extent of a One-Day Travelcard, if not already included in the main rail fare. With the prior written agreement of the Clerk of the Committee, claims may include the cost of sleeping berths (subject to a reduction in the subsistence which may be payable for night absence, see below).

4. Prior written agreement must be sought from the Clerk of the Committee for the cost of taxis for any part of a journey.

Prior written agreement must be sought from the Clerk of the Committee for the cost of car journeys. The cost of journeys by car of less than 10 miles will not normally be allowed. The cost of journeys of more than 10 miles by road will be allowed at current HMRC rates, which at the time of writing for the first 10,000 business miles in the tax year were as follows:

- Cars and Vans - 45p
- Motorcycles - 24p
- Bicycles - 20p

Travel claims must be accompanied by receipts for all parts of the journey. No liability will be accepted in the event of any accident, damage, injury or death.
Loss of earnings

Witnesses who, because of attendance at Select Committees, necessarily suffer a loss of salary or wages (other than casual overtime earnings) may claim the amount of such loss within the following limits:

In any period of 24 hours
- For a period of up to 4 hours: £33.50
- For a period of over 4 hours: £64.95

Witnesses should provide documentary evidence that a loss of earnings has been incurred.

Subsistence expenses

Day expenses
- For absence from home of more than 5 hours but not more than 10 hours: up to £5 a day.
- For absence from home over more than 10 hours (not involving an overnight stay): up to £10 a day.

Receipts must be provided and any costs of alcohol will not be reimbursed.

Night expenses

Prior written agreement must be sought from the Clerk of the Committee for the reimbursement of an overnight stay. An essential overnight stay in a hotel or similar accommodation may be reimbursed, providing the cost is not being met elsewhere. The Clerk must be consulted as to the cost of the hotel which may be allowed.

Additionally, witnesses may claim up to £21 daily meal and refreshment expenses (and up to £5 incidental expenses) for absences from home of up to 24 hours. Receipts must be provided. Any costs for alcohol will not be reimbursed.

Childcare expenses

With the prior written agreement of the Clerk of the Committee, witnesses may claim for the reasonable cost of additional childcare provision required to enable them to attend the Committee meeting, if not covered by any employer childcare scheme. As with all other expenses, witnesses will need to provide receipts to support their claim.
CLAIM FORM FOR WITNESSES

Name of Committee/Sub-Committee: .................................................................

Name of Witness: .............................................................................................

Address: ...........................................................................................................

Bank Details: Sort Code:..............................................................Account No:.................................................................

Full particulars of claim for travel (see Witness Claim Notes W(1))

<table>
<thead>
<tr>
<th>Date</th>
<th>Details of Journey</th>
<th>Mode /Class of Travel</th>
<th>Amount claimed £</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total amount claimed for travel

Full particulars of claim for subsistence (see Witness Claim Notes W(1))

<table>
<thead>
<tr>
<th>Date</th>
<th>Details of subsistence</th>
<th>Amount claimed £</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Total amount claimed for subsistence

Full particulars of claim for loss of earnings (see Witness Claim Notes W(1))

<table>
<thead>
<tr>
<th>Date</th>
<th>Details of loss of earnings</th>
<th>Amount claimed £</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Total amount claimed for loss of earnings

Please print and return to the Clerk of the Committee, along with receipts.
Full particulars of claim for childcare (see Witness Claim Notes W(1))

<table>
<thead>
<tr>
<th>Date</th>
<th>Details of childcare costs</th>
<th>Amount claimed</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>£</td>
</tr>
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<td></td>
<td></td>
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</tbody>
</table>

Total amount claimed for childcare

TOTAL AMOUNT CLAIMED

Signature: ...........................................................

By signing I agree to the terms and conditions for claiming expenses as set out in the Witness Claim Notes W(1) attached to this note.

Date: ..............................................................
INVOICE FORM FOR WITNESSES

<table>
<thead>
<tr>
<th>Account Code</th>
<th>Total Amount Claimed £</th>
<th>p</th>
</tr>
</thead>
</table>

Initials

Claim in order
Rates correct
Arithmetic correct
Not previously paid
Date claim received
Authorised by
Signed ......................................................

Finance Department Use Only

<table>
<thead>
<tr>
<th>Invoice No.</th>
<th>W</th>
<th>I</th>
<th>T</th>
</tr>
</thead>
</table>

Accounting Period

<table>
<thead>
<tr>
<th>Period Adjustment</th>
</tr>
</thead>
</table>

Visit Code(s) (if any)

Details entered by:

Registered by:

<table>
<thead>
<tr>
<th>Date:</th>
<th>/</th>
<th>/</th>
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Posted by:

<table>
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<tr>
<th>Date:</th>
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The details of this claim are attached