



## Witness Claim Form

### Witness Details

Name of Claimant	
Address	
Phone	
Email	

Date/s Attended Hearing/s:.....

### Banking Details for reimbursement payments

Name on Account			
BSB Number		Account Number	

### Type of Claim

**Loss of Income<sup>1</sup>**  Yes (attach evidence)  No  
 Attach evidence of rate of pay (evidence may include payslip etc)

**Childcare**  Yes (attach evidence)  No  
 Attach evidence of childcare costs incurred<sup>2</sup>

**Meal Allowances**

- Away Overnight<sup>3</sup>  Yes (attach evidence)  No
- Same day<sup>4</sup>  Yes (attach evidence)  No

**Accommodation Allowance**  Yes (attach evidence)  No  
 Attach evidence of accommodation costs incurred<sup>5</sup>

**Travel Expenses**  Yes (attach evidence)  No  
 Attach evidence of travel costs incurred<sup>6</sup>

### Vehicle Travel

Make/Model		Registration		Km Travelled		Rate per Km	\$0.18
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**Total Amount Claimed**      \$ \_\_\_\_\_

**Signature of Claimant:** \_\_\_\_\_

<sup>1</sup> Loss of Income - Expert witness - capped at \$1,500 per day. Witness – capped at \$600 per day (see attached information sheet)  
<sup>2</sup> Childcare – See attached information sheet  
<sup>3</sup> Meal Allowances – Maximum claimable amount for meal allowances for witness away overnight \$71.50 – See attached information sheet for amounts claimable for breakfast, lunch and dinner  
<sup>4</sup> Meal Allowances – Maximum claimable amount for meal allowances for witness returning home on the same day \$41.30 – See attached information sheet for amounts claimable for breakfast, lunch and dinner  
<sup>5</sup> Accommodation Allowance - capped at \$150 per night – See attached information sheet  
<sup>6</sup> Travel Expenses - A witness is entitled to claim reimbursement of 18 cents for each kilometre travelled – See attached information sheet



**Royal Commission  
into the Casino Operator and Licence**

**Internal Use only**

**Charge Code**

**11-151-86621-2800-1012-00000-105**

**CONFERRAL/FINANCIAL AUTHORISATIONS**

In accordance with the relevant policies, this claim has been checked and found to be correct.

I have checked:

- The supply of goods or performance of services is satisfactory, except where payment in advance is required as an agreed condition of the purchase;
- The creditor name and address is correctly recorded on the payment advice;
- Any Recoverable expenditure is clearly indicated on the payment advice;
- The accounts to be charged are correct and all computations, carry forwards and rates of charge are correct.

Financial Authorisation Limit \$ \_\_\_\_\_

Please select Schedule: A, B, C    Title: \_\_\_\_\_

Approving Officer Name: \_\_\_\_\_

Signature: \_\_\_\_\_

The information provided on this form will only be used for recording travel of Royal Commission into the Casino Operator and Licence witnesses to substantiate travel claims made against the Commission and will be managed in accordance with the Information Privacy principles pursuant to the *Information Privacy Act 2000* (Victoria).