

# Witness expenses, claim form

Use this form to claim back any expenses incurred while acting as a witness. Please write clearly and answer all questions.

Please note: We pay all expenses claims by BACS. You must send proof of all expenses by providing itemised purchase receipts (not just credit or debit card receipts). Please agree all expenses with your Case Coordinator. The NMC is a charity, funded by the fees of nurses and midwives so we must try to keep costs down wherever we can.

## Personal details

<b>Full name:</b>
<b>Address:</b> (inc postcode)

## Details of the case

<b>Case name:</b>	
<b>Case reference number:</b>	<b>Date(s) of hearing:</b>

## Mode of transport

**Train/Taxi/Tube/Bus/Air** If you provide no reason, the claim may be rejected.

Date of travel	Mode	Reason for travel	Amount
			£
			£
			£

<b>Names of people who shared taxi with you (if any):</b>
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## Car travel

Mileage is paid at the rate of 45 pence per mile

Journey start	Journey end	No. of miles claimed	Amount
			£
			£

## Loss of earnings

No. of hours claimed	Rate of pay	Number of days	Amount
			£

Please make sure you send a letter from your employer which states the number of hours lost, hourly rate of pay and that you did incur loss of earnings for the hours claimed. If you are self-employed, confirm the number of hours lost and please send us a letter from your accountant confirming your hourly rate of pay.

## Subsistence (meals/snacks)

Expense	Reason	Date	Amount
			£
			£

## Other expenses

Expense	Reason	Date	Amount
			£
			£

<b>Total amount claimed</b> £
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## Bank details

Bank name	
Account name	
Account number	Sort code

Signed \_\_\_\_\_ Date \_\_\_\_\_

I confirm the information above is correct and I have provided the necessary documents and/or receipts to support the claim.

## Return your form

By email: [CPPinvoices@nmc-uk.org](mailto:CPPinvoices@nmc-uk.org)