

To: Integrity Commissioner
Australian Commission for Law Enforcement Integrity
PO Box 305
CANBERRA ACT 2601

APPLICATION FOR PAYMENT OF WITNESS EXPENSES

Subsections 83(6) and 103(1)(a) of the *Law Enforcement Integrity Commissioner Act 2006* and
Regulation 11 (Sch 1) of the *Law Enforcement Integrity Commissioner Regulations 2006*

CLAIMANT NAME: _____

BANK ACCOUNT DETAILS: Name of Account Holder (on bankcard)

Account No.: _____ BSB: _____

CLAIMANT ADDRESS: _____

_____ Postcode: _____

TELEPHONE: Home: _____ Work: _____ Mobile: _____

DATE/S APPEARED: _____

OCCUPATION: _____

EMPLOYER'S NAME & ABN: _____

EMPLOYER'S ADDRESS: _____

_____ Postcode: _____

EMPLOYER'S TELEPHONE Work: _____ Mobile: _____

EXPENSES INCURRED

* Receipts or proof is required for all amounts claimed. If receipts are not produced or there is no evidence of expenditure or lost earnings, a Statutory Declaration is required.

ATTENDANCE AT HEARING

Date/s of attendance _____

1. Non professional witness

Attendance fees
(actual loss of wages, salary, fees)

Half day _____

Full day _____

* Evidence of lost income by written certification from employer

Attendance fees
(non-salaried loss of income)

Half day _____

Full day _____

Note: permitted schedule amount (\$100 – \$159) per day.
Federal Court Rules. Order 62 Rule 12 (Sch 2, Item 45)

2. Professional witness

Attendance fees
(actual loss of wages, salary, fees)

Half day _____

Full day _____

*Evidence of loss income by written certification from employer

Attendance fees
(non-salaried loss of income)

Half day _____

Full day _____

Note: permitted schedule amount (\$172 – \$849) per day.
Federal Court Rules. Order 62 Rule 12 (Sch 2, Item 44)

Expenses available only to witnesses living more than 50 kilometres from the hearing location:

Travelling expenses: (receipts required) \$ _____

Overnight accommodation: (bed only) (receipt required) \$ _____

Meals: (*only available with overnight accommodation*)

(receipts required)

Breakfast \$ _____

Lunch \$ _____

Dinner \$ _____

TOTAL CLAIMED: \$ _____

Signed: _____

Date: _____