

To: Integrity Commissioner
Australian Commission for Law Enforcement Integrity
GPO Box 605
CANBERRA ACT 2601

APPLICATION FOR PAYMENT OF WITNESS EXPENSES

Subsection 83(6) 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 other evidence) are required for all amounts claimed. If receipts are not available or there is no evidence of expenditure or lost earnings, a statutory declaration is required.

1. ATTENDANCE AT HEARING

Schedule 1 of the *Law Enforcement Integrity Commissioner Regulations 2006* describes what limits apply to payments for loss of income.

Date/s of attendance

Non-professional witness

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

Half day _____

Full day _____

Note: provide evidence of lost income by written certification from employer

Attendance fees
(*non-salaried loss of income*)

Half day _____

Full day _____

Professional witness

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

Half day _____

Full day _____

Note: provide evidence of lost income by written certification from employer

Attendance fees
(*non-salaried loss of income*)

Half day _____

Full day _____

2. EXPENSES

Schedule 1 of the *Law Enforcement Integrity Commissioner Regulations 2006* prescribes that reimbursement of these expenses is available only to witnesses who live more than 50 kilometres from the hearing location.

Travelling expenses \$ _____
(receipts required)

Overnight accommodation \$ _____
(bed only, receipts required)

Meals
(only available with overnight accommodation, receipts required)

Breakfast \$ _____

Lunch \$ _____

Dinner \$ _____

3. TOTAL CLAIMED \$ _____

Signed: _____

Date: _____