

**Tribiwnlys
Addysg Cymru**



**Education Tribunal
for Wales**

Expenses claim form

It is important that you read our guidance booklet, *Expenses for applicants (ETW18)* or *Expenses for witnesses (ETW19)* before filling in this form.

Please complete in CAPITALS and **black** ink.

Where tick boxes appear, please tick those that apply.

Attach all receipts and tickets.

SENTW welcomes receiving correspondence in Welsh or English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. The Tribunal also welcomes phone calls in Welsh or English.

This document is also available in Welsh. Please contact the Tribunal for a Welsh version of this document. You may submit forms, documents, and make written representations to SENTW in Welsh or English.

Section 1 – Case details

Case reference number:	
Child or young person's name:	
Date of hearing:	

Section 2 – Personal details

Title First names Surname

Address (and post code)

Telephone day: evening:

mobile:

Email address:

Are you VAT registered? Yes No

Section 3 – Travel expenses

Please ensure you attach all receipts and tickets with this claim form.

Dates of travel Outbound Return

Destination From To

Methods of transport: Bus Train Car Other: _____

Total number of miles by car:
(to hearing and home) _____ **Amount claimed:** _____

Section 4 – Claim of loss of earnings (witnesses only)

Your occupation:

Employer's address (including post code):

Number of hours lost:

Up to four hours absence (£32.47) **Over 4 hours absence** (£64.95)

Note: Only claim if you lost money. Do not claim if the loss was made good before or after the hearing. We can contact your employer about the details you have given.

Section 5 – Total claim (witnesses only)

Travel expenses (amount claimed in section 3): _____

Loss of earnings (amount claimed in section 4): _____

Total amount claimed: _____

Section 6 – Declaration

- This claim has been made in accordance with the guidance issued to me;
- No other claim for these expenses has been or will be made against the Tribunal or any other Government Department.

Signed: _____

Name (IN CAPITALS): _____

Date: _____

To allow the Tribunal to process your claim you must complete a separate Welsh Government vendor details form. If this form has not been provided then please contact the Tribunal.

Section 7 – Authority (for Tribunal use only)

I have examined the claim and approve payment of: _____

Comments:

Signed: _____

Name (IN CAPITALS): _____

Date: _____

Sending us the expenses claim

Please send the expenses claim form, the WG vendor form, and any receipts to us at:

educationtribunal@gov.wales

OR

Welsh Tribunals Unit
PO Box 100
Llandrindod Wells
LD1 9BW

Please call us on 0300 025 9800 if you need any assistance.