

# Guidance Notes for Completing Expenses Form

## **Completing Form FD ECF**

Form FD EPAC should be completed as follows:

### **Part A** To be completed by you

This box should be completed by the claimant with name, address and other contact details (e.g. e-mail address). The information should be entered, as indicated, and in the boxes provided (one character per box).

### **Part B**

This box is for you to enter your bank details,

### **Part C**

To be completed by departmental staff

### **Part D**

To be completed by departmental staff

### **Part E**

To be completed by departmental staff

### **Part F**

Address where to return the claim form

### **Annex A - DETAILS OF CLAIM**

To be completed by you, including 'Claimant Declaration'  
In 'Reason For Claim' Please insert Patient's name, tribunal date and location.

### **Part G**

To be completed by departmental staff

### **Annex B**

To be completed by you, with any other information we may require including passenger names and explanations for missing receipts

Please note if any errors occur on the form, it will have to be returned for correction.



**PART C – To be completed by Departmental Staff**

Enter payee code in box below if making an amendment. Please note amendments to an individual whose postcode has changes will be reflected in a change to the payee code.

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**PART D – To be completed by Departmental Staff (TYPE ONLY)**

DIV/RO

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TELEPHONE NO:

0116 249 4352

OIS LOGIN OR  
EMAIL ADDRESS

Diane.Merry@tribunals.gsi.gov.uk

COST CENTRE

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BUDGET MANAGER

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DATE

REQUESTOR NAME

Diane Merry

**PART E – To be completed by FD-CAFE 2**

**NEW PAYEE ACCOUNT CODE:**

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**DATE:**

**INITIALS:**

**DATE STAMP**

**PART F**

PLEASE RETURN ALL PARTS OF THIS COMPLETED FORM TO:

**Diane Merry**  
**Tribunals Service, Mental Health**  
**PO Box 8793**  
**Leicester**  
**LE1 8BN**

Fax: 01162494238

## Annex A – DETAILS OF CLAIM

REASON FOR CLAIM						TOTAL (£)
Date and Location of Hearing:						
*Patients Name:						
		Nearest Relative	1 <sup>st</sup> Other	2 <sup>nd</sup> Other	3 <sup>rd</sup> Other	
<b>** PUBLIC TRANSPORT</b>	TYPE: bus/train etc					
	FARES PAID (£)					
<b>PRIVATE TRANSPORT</b>	NUMBER OF MILES					
	RATE (Per MILE)					
<b>MISC</b> (Taxi, Parking, Loss of Earnings, etc)	ITEM					
	RECEIPTED COST					
<b>SUBSISTENCE</b> (For claimant of honour only Please see notes on rates you can claim). <u>Overnight Subsistence</u>	TIME OUT					
	TIME BACK					
	AMOUNT CLAIMED (£)					
	<u>Overnight Subsistence</u>					
** Note receipts <b>must</b> be provided in order to receive reimbursement						
<b>GRAND TOTAL (£)</b>						

### CLAIMANT DECLARATION

# I hereby request payment of this claim totalling £\_\_\_\_\_. I declare that the expenses claimed were necessarily and correctly incurred.

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

Please print full name: \_\_\_\_\_

# Note: Payment of sum claimed is subject to verification of the details of the claim and resulting payment may differ

### PART G – To be completed by Departmental Staff

#### CERTIFICATION & CODING

I have checked this claim and am satisfied that it is correct for payment.

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

Please print full name:

BEC: \_\_\_\_\_  
NAC: \_\_\_\_\_ TSMH, PO Box 8793, Leicester, LE1 8BN

**Annex B- DETAILS OF PASSENGERS AND EXPLANATIONS FOR MISSING TICKETS**

1<sup>st</sup> passengers name:.....

2<sup>nd</sup> passengers name:.....

I have not been able to provide the following tickets/receipts (Please tick box)

Underground Ticket

Bus

Train

Taxi

Car parking ticket/Toll

The reasons for this are:

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.....

.....

.....

.....

Any other information:

.....

.....

.....

.....

.....

## Witness Expenses - Guidelines

Check that all the details on the form are correct using the guidelines indicated

Please allow up to 3 weeks for payment

**Please enclose all receipts with claim form. Without receipts, the claim cannot be paid.**

Due to audit guidelines, we are unable to accept any claim where correction fluid (e.g. Tippex) has been used. If you do make a mistake on your claim, please cross through the figure and insert your initials next to the error. Any claims where correction fluid has been used will be returned to the claimant for them to resubmit.

Please do not fax your form to us unless you have been requested to do so. We require original hard copies that have been signed.

Any expenses claimed that are found to be fraudulent will be sent back to you.

Any forms that have been completed incorrectly will have to be sent back to you for correction. Unfortunately, this will delay your payment so please ensure you fill in the form with as much detail as possible and please double check the form before sending it back to us.

You must ensure that you fill in the total amount claimed, correctly.

- **Mileage Rates Payable for Private Transport**
  - You may claim **25p** per mile travelled (please note that we will pay the mileage using the quickest route available and this may not be the actual route travelled. For audit purposes, **all** mileage claims are validated using [www.transportdirect.info](http://www.transportdirect.info)).
  - **2p** per mile for first passenger.
  - **1p** per mile for any additional passenger(s)
  - You may claim for a maximum of two additional passengers – conditions apply
  - Passengers must be named on your claim form and must be the carer of the Nearest Relative
  - Car parking fees will be paid providing they are considered reasonable and you send us receipts. We appreciate that some parking meters/barriers do not issue receipts. In this instance, please provide us with a short explanation, **in Annex B**, as to why you have not been able to obtain a receipt and where possible provide us with an address as to where your car was parked.
  - We will not pay car parking penalties you may incur

### **Public Transport**

- Travel expenses will only be applicable in England and Wales
- **International Travel will not be paid unless prior authorisation has been given by the Tribunal Office**
- You may only travel on Standard class rail travel.
- In line with audit guidelines, you must submit receipts for all expenditure claimed. This includes receipts for the use of public transport, overnight accommodation costs, taxi fares and car parking tickets.

- **Subsistence rates**

- (a) £5.00 if away from home for over 5 hours; £10.00 (if away from home for over 10 hours.)
- (b) £22.50 for your subsistence during an overnight stay.
- Hotel costs of up to £80 **please note that staying overnight is only to be allowed in exceptional circumstances. You must provide us with a written reason as to why you require an overnight stay.**

- **Loss of earnings**

- Maximum payable for loss of earnings is **£44.80** daily.
- We will require a letter from your employer on company headed paper to confirm your loss of earnings.

- **If you are self-employed, you must:-**

1. Provide us with a solicitors or Accountant's letter giving details of your trading name, trading address and a recent balance sheet
- OR
2. Copies of your most recent tax returns.

- **Postage and telephone calls**

We are unable to reimburse the cost of postage for your forms or for telephone calls made to the Tribunals office.

If you have any queries regarding the above guidance please contact:

Diane Merry (Finance Officer)  
Tribunals Service, Mental Health  
PO Box 8793  
Leicester  
LE1 8BN

Telephone: 0116 249 4352