|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | |  | | | | | | | | | |
| **Role (Lay Panellist, Clerk etc.)** | | |  | | | | | | | | | |
| **Address** | | |  | | | | | | | | | |
| **Reason for Claim** | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Travel** (Public transport – standard class only. Car mileage - for current rates please refer to Expenses Policy.  The use of taxis is strictly limited to exceptional circumstances. The reason for using a taxi should be explained briefly on the expenses claim form.) | | | | | | | | | | | | |
| Date(s) | Mode (Train, bus etc.) | From | | | | | To | | | | Total (£)  including VAT | |
|  |  |  | | | | |  | | | |  |  |
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|  |  |  | | | | |  | | | |  |  |
|  |  |  | | | | |  | **Total** | | |  |  |
| **Subsistence** | | | | | | | | | | | | |
| Date(s) | Description | | | | | | | | | | Total (£)  including VAT | |
|  |  | | | | | | | | | |  |  |
|  |  | | | | | | | | | |  |  |
|  |  |  | | | | |  | **Total** | | |  |  |
| **Fees** | | | | | | | | | | | | |
| Date(s) | Description: Barrister, Lay & QC Panel Member – half day £150, whole day £300  Clerk – half day £100, whole day £200 | | | | | | | | | | Total (£)  including VAT | |
|  |  | | | | | | | | | |  |  |
|  |  |  | | | | |  | **Total** | | |  |  |
| **Other** (printing, congestion charge, hospitality etc.) | | | | | | | | | | | | |
| Date(s) | Description | | | | | | | | | | Total (£)  including VAT | |
|  |  | | | | | | | | | |  |  |
|  |  |  | | | | |  | **Total** | | |  |  |
| **Authorised (Overnight) Accommodation** | | | | | | | | | | | | |
| Date(s) | Description | | | | | | | | | | Total (£)  including VAT | |
|  |  | | | | | | | | | |  |  |
|  |  | | | | | | | | | |  |  |
| ***Please note all claims must be accompanied by original receipts*** |  |  | | | | |  | **Total** | | |  |  |
|  |  |  | | | | |  | | | |  |  |
|  | | | | | | | | **Grand Total (£)** | | |  |  |
|  | | | | | | | |  | | |  |  |
| **Claimant** | | | |  | ***COIC Use Only*** | | | | | | | |
| Signed |  | | |  | *Confirmed* |  | |  | *Paid* |  | | |
|  | *Date* |  | |  | *Date* |  | | |
| Date |  | | |  | *Authorised* |  | |  | *Cheque no (if applicable):* | | | |
|  | *Date* |  | |  |  | | | |