PORTSMOUTH CORONER'S COURT – WITNESS EXPENSES CLAIM FORM INQUESTS SCHEDULED FOR 6 WEEKS FROM 18.03.2009

	AME: Mr Carl		TEL NO				
ADDRESS:			Code A				
A CLAIM MAY I CORONER'S C	BE MADE FOLL PFFICER AT CO	OWING YOUR URT OR BY SE	ATTENDANO NDING THIS	CE, BY EITHER FORM TO:	HANDING T	HIS FORM TO	<u>THE</u>
Miss V A Maddi Tel: 023 9268 8	son, Coroner's (326	Office, The Guild	lhall, Guildha	ll Square, Ports	mouth, PO1 2	2AJ	
1. TRAVEL F	ROM ACCON	MODATION	TO CORC	NER'S COU	<u>RT</u>		
Please show	return fares, or	total miles by	car or moto	r cycle, to and	from the Co	urt.	
		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	TOTAL
Fares (Public Transport only)							
Miles @ 28p per mile							
Car Park							
2. LOSS OF	EARNINGS						
PAYMENT CA	AN ONLY BE N	MADE IF YOU	PROVE TH	AT YOUR EMI	PLOYER W	ILL NOT PAY	YOU
Please attach	completed for payment is aut	m or letter.					
		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	TOTAL
Loss of Earnings							
3. SUBSIST	ENCE		• · · · · · · · · · · · · · · · · · · ·				
A MAXIMUM	allowance for r	efreshments c	an be paid a	at the rate of £	2.40 per half	f day and £4.7	′ 5 per full day.
		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	TOTAL
Subsistence							
THE CORONE	R'S PERMISSIC	N MUST BE SO	DUGHT FOR	REIMBURSEM	ENT OF THE	FOLLOWING	EXPENSE
	erable distance from O per day is payable						1UM subsistence
The above ar	e a true recor	d of expenses	l have inc	urred while se	erving as a	witness:	
0				D	4		
Signed Date							
LEAVE BLANK - FOR COMPLETION BY THE CORONER'S OFFICE							
Fares Mileage Car Park Loss of Earnings Subsistence Other Total							
, 3//00	mileuge	og. r um					
					1		
Cheque No	Amount	Paid b	y		Ε)ate	