**Witness Expenses Application Form**

Please fill out this form if you wish to claim for a reimbursement of any non-legal expense(s) pursuant to section 40 of the Inquiries Act 2005. All applications should be supported be receipts.

Completed forms, along with copies of all relevant receipts, should be sent by email to Contact@LampardInquiry.org.uk or by post - The Lampard Inquiry, PO Box 78136, London, SW1P 9WW. Please note that all expenses will be paid via BACS.

If you require any assistance with filling out this form, or if you have questions about the process more generally and wish to speak to a member of the Inquiry team, you can contact the Inquiry by phone on 020 7972 3500, or by email at Contact@LampardInquiry.org.uk. Alternatively, you can write to us - The Lampard Inquiry, PO Box 78136, London, SW1P 9WW.

The Inquiry will treat all information received in accordance with its Privacy Information Notice, accessible [here](https://lampardinquiry.org.uk/privacy/).

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| **Contact Details** |
| Full name: |  |
| Postal address: |  |
| Email address: |  |
| Telephone number: |  |
| Preferred method of communication:  | [ ]  Phone[ ]  Email[ ]  Post |

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| **Bank Details** |
| Bank / Building Society Name: |  |
| Account Number: |  |
| Sort Code: |  |
| Name associated with Bank Account: |  |

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| **Expense(s) Claim** |
| Nature of Claim: |  |
| Associated Date(s) (DD/MM/YY): |  |
| Total Amount Claimed (£): |  |

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| **Expense(s) Details** |
| Expense type (travel, subsistence, childcare, other) | Date(DD/MM/YY) | Description (where a claim is made for travel please include start and end location) | Amount(£) | Receipt attached? (Y or N) |
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**Declaration**

I confirm that the information I have given in this form is true.

All relevant receipts will be submitted with this application.

**Signed:**

**Name:**

**Dated:**