# Travel and Subsistence Claim Form

Before completing this form you should read the relevant guidance notes.

## Details of claimant

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Date of Attendance at the Inquiry:** |  |

## Details of journey to and from the Inquiry

|  |  |
| --- | --- |
| **Details of Journey**  (Please provide details of your journey, names of any passengers and if you travelled by taxi details of why a taxi was taken.) |  |
| **Distance travelled in miles**  (If travelling by car a mileage rate of 25p per mile applies. An additional 2p per mile for the first passenger and 1p per mile for all other passengers is also payable. Please provide your mileage and also the mileage of each passenger.) |  |
| **Amount of travel expenses claimed** |  |

## Details of subsistence claimed

| **Subsistence Amount Claimed (£)**  Less than 5 hours - £4.25  Less than 10 hours - £9.30 |  |
| --- | --- |

**Total Claimed:** £\_\_\_\_\_\_\_\_\_\_\_

**Please ensure that you provide receipts for any public transport tickets, taxis or subsistence claims.**

If you wish to claim for any financial loss please ensure you have enclosed the relevant evidence:

* If you are an **employee**, then your employer, either with a formal headed letter or with an official stamp, must certify that actual loss has taken place; i.e. that they have not paid you for that day or that you were required to take a day’s holiday in order to attend.
* If you are **self-employed** then please ensure that you provide relevant evidence of self-employment such as a letterhead or firm stamp, and evidence of loss where possible to support your claim.

## Bank Account Details

|  |  |
| --- | --- |
| **Bank Name & Address:** |  |
| **Account Holder’s Name:** |  |
| **Sort Code:** |  |
| **Account Code:** |  |

Please send your completed form and receipts to:

Urology Services Inquiry

Bradford Court

1 Bradford Court

Belfast

BT8 6RB

Or by email to [info@usi.org.uk](mailto:info@usi.org.uk)

Please retain a copy of your claim and receipts until payment has been received.

Your personal data will be processed in accordance with our[**Privacy Notice**](https://www.urologyservicesinquiry.org.uk/files/urologyservicesinquiry/documents/2022-02/privacy-notice-17feb2022.pdf) **(opens in a new window).**

**FOR INQUIRY USE ONLY**

Reference No:

Approved by:

Signature:

Date: