



**WITNESS EXPENSE CLAIM FORM**

**Rates Effective 1 January 2026 To 31 December 2026**

**ALL FIELDS ARE TO BE COMPLETED & SIGNED IN ORDER FOR PAYMENT TO BE PROCESSED**

**BEFORE COMPLETING PLEASE READ ATTACHED PAPERWORK & RETURN WITH VENDOR FORM**

NAME OF WITNESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

COURT ATTENDANCE (DATE/S, HRS/DAY OR DAYS) \_\_\_\_\_

COURT LOCATION \_\_\_\_\_ TRAVEL DATES (Arrive) \_\_\_\_\_ (Depart) \_\_\_\_\_

DEFFENDANT NAME: \_\_\_\_\_ FILE No: \_\_\_\_\_

**STATUTORY DECLARATION**

I do solemnly and sincerely declare as a result of my attendance in court on the above date/s I incurred and claim the following expenses:

**Details of Claim** i.e. food (*receipts must be attached for reimbursement*)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total (A)</b>	\$ _____

**Net Wage Loss** \_\_\_\_\_ days @ \$ \_\_\_\_\_ per day or part thereof **Total (B)** \$ \_\_\_\_\_  
(Employers/Accountants letter to be attached)

**Kilometre Allowance** (*Distance to be greater than 40km's from court*)

Journey details: _____ kms @ \$0.96 per km =	\$ _____
Passenger Allowance: _____ kms @ \$0.05 per km =	\$ _____
Vehicle Registration No.: _____	<b>Total (C)</b> \$ _____
<b>TOTAL CLAIM (A+B+C) (D)</b> \$ _____	

Name & signature of person making declaration \_\_\_\_\_ Date \_\_\_\_\_

***Upon completion please forward your claim to DPP as per below details.***

**DPP Office Use Only** (please circle)

Vendor ID: \_\_\_\_\_

**DPP Endorser** Name: \_\_\_\_\_ Position: PROSECUTOR / WAS OFFICER

I verify the above witness was required to attend court as per details provided. Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Approver** Name: \_\_\_\_\_ Title: \_\_\_\_\_

I verify the above values being claimed match receipts provided and authorize payment recorded under Total (D)

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Please note the date for attendance on the subpoena is the start date of the trial. This trial may run for a number of days or weeks from that date. At this stage its unknown which day or time you will be required to give evidence, you may not be required to give evidence on the commencement date listed on the subpoena. Upon receipt of your subpoena you must contact your DPP Prosecutor or Witness Assistance Officer on **08 8935 7500** or **free call 1800 659 449**. They will confirm your contact details, and in due course advise the date you are required to give evidence and arrange any necessary travel.

### **Loss of wages**

A person required to attend court is entitled to reimbursement for loss of salary or wages. A letter must be provided by the employer, on letterhead stating the employees' details and total loss of nett wages, time off includes travel time required to attend court. Please see example letter provided. In arranging this time off work you should take unpaid leave rather than using paid leave options.

### **Loss of income (self-employed)**

Self-employed persons may be reimbursed for loss of income. Such claims are to be substantiated by a letter from the self-employed person's accountant showing net loss of income, again this includes loss of wages for travel time required to attend court.

### **Local transportation to court**

Witnesses who are required to attend court and incur public transport costs (e.g. bus fare) will be reimbursed. Complete the Witness Expense Claim form and return with receipts.

### **Kilometre Allowance**

If you are required to travel more than 40kms from your normal place of residence to attend court you may be able to claim a kilometre allowance. If no passenger service (air, train, bus) is scheduled and you travel by personal vehicle you may submit a claim of \$0.96 per km. If a scheduled service is available, the amount payable to the witness is the equivalent bus fare within the NT or airfare for interstate witnesses. Fuel receipts cannot be claimed in addition to this allowance. Please complete the Witness Expense Claim form.

### **Airfares**

All airfares are booked in economy class. You should be provided with a copy of your itinerary and travel details prior to departure, please call the office on the above numbers if not received. Present your personal identification and subpoena at departure check-in.

### **Taxis**

Cabcharge vouchers are available to assist with airport transfers. Witnesses requiring Cabcharge vouchers are to contact the Witness Assistance Officer on 1800 659 449 two (2) weeks prior to the court date to arrange vouchers. Please ensure the taxi company accepts the voucher prior to travel, the vouchers are accepted universally in the NT.

### **Intrastate & Interstate Witnesses**

Interstate and NT witness's required overnight can receive a daily meal allowance for three (3) meals per day, as follows (all prices include GST):

Breakfast: \$21.50      Lunch: \$33.10      Dinner: \$46.50      **Daily total \$101.10**

*Witnesses under the age of 12 years halve the above meal allowances.*

Meal allowance will only be payable to witnesses who are absent from their place of residence overnight or for more than 12 hours. If witnesses eat outside the hotel, receipts must be provided

to claim reimbursement. Meals are generally covered as part of the accommodation booking and can be booked against your room number, in line with the meal allowance guidelines.

DPP will arrange your accommodation but will not pay for additional expenses incurred during your stay, including but not limited to: additional guests without approval, minibar, alcohol, movies or incurred costs for damages and late check-out.

### **Government Employees**

Employees of a State, Federal, Local or Territory Government Department or Statutory body are eligible to claim any reasonable costs incurred to attend court. The employee shall not have entitlements eroded/lost as a result of their attendance and should address this with their respective Departments prior to court.

### **Expert witness**

An expert witness is a person who the Prosecution has defined as being called to give evidence that involves a particular specialisation in private enterprise. The claimant must provide a tax compliant invoice. The rate is outlined in the High Court Rules of Australia and can be discussed with a DPP Staff member.

### **Interpreter Fees**

Where a person has been called by the Crown in their capacity as an Interpreter, rates set by the Office of Ethnic Affairs apply - \$30.00/hour, \$150.00/half day (up to 5 hours) and \$300.00/full day. A kilometre allowance of \$0.96/km shall apply if a private vehicle is used to attend court.

**All witnesses are to contact the Witness Assistance Officer on free call 1800 659 449 at least one (1) week prior to the court date.**

**This is an EXAMPLE of the letter your employer or accountant will need to provide. Submit the letter with your claim for loss of wages.**

Recommended format for loss of income confirmation by employer or accountant

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**COMPANY LETTERHEAD**

Director of Public Prosecutions  
GPO Box 3321  
DARWIN NT 0801

Dear Sir,

This is to advise that \_\_\_\_\_ was absent from work on the following dates as they were required to appear in court as a witness.

.../.../... to .../.../...

He/She was not paid during this period.

The nett (after tax) income that he/she would have earned is \$.....

.....  
Signed

Name: .....

Position: .....

SAMPLE ONLY

# Vendor creation or amendment form

## Privacy statement

To receive payments from the NT Government, you must set up a vendor account and provide all the requested information. The NT Government will only use this information to process payments to you. Your name and the address you provide will be visible to all NT Government staff who use any of our vendor payment systems. Your information will not be shared any further unless we are compelled to by law. Failure to provide all the required information may result in payments not being processed. To request access to or correct your personal information, please email [accountspayable@nt.gov.au](mailto:accountspayable@nt.gov.au).

Required fields are marked with an asterisk (*). You must complete Section 1, and either Section 2A <u>or</u> Section 2B, and then Sections 3, 4 and 5 in full. Email your completed form to <a href="mailto:accountspayable@nt.gov.au">accountspayable@nt.gov.au</a> .			
Accounts Payable will contact the vendor to perform a security check.			
<b>Section 1. Vendor categories</b>			
Patient Travel – Department of Health		Yes/No	
Other Categories		Yes/No	
<b>Section 2. Complete only one of the following subsections (2A or 2B)</b>			
<b>Section 2A. ABN holders to complete</b>			
ABN*		Registered for GST*	Yes/No
Entity name*			
Business name (if different to above)			
Postal address*			
Suburb/City*		State*	
Phone number*		Postcode*	
Email* (for remittances)			
Email (for purchase orders)			
<b>Section 2B. Non-ABN holders to complete</b>			
<b>Statement by a supplier*</b> refer to the <a href="https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn">ATO website</a> <sup>1</sup> for further information: To avoid 47% withholding tax being deducted from your payment you must select at least one of the below statements as to the reason for not quoting an ABN. Mark your selection with an X:			
<input type="checkbox"/>	You are an individual and the supply is wholly of a private or domestic nature		
<input type="checkbox"/>	You are not entitled to an ABN as you are not carrying on an enterprise in Australia		
<input type="checkbox"/>	The whole of the payment is exempt income for you		
<input type="checkbox"/>	The supply that the payment relates to is wholly input taxed		
<input type="checkbox"/>	The payment does not exceed \$75, excluding goods and services tax (GST)		
<input type="checkbox"/>	You are an individual and the supply is made in the course or furtherance of an activity done as a private recreational pursuit or hobby		

<sup>1</sup> <https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn>

<b>Title*</b> (select one)	Mr / Mrs / Miss / Ms / Master / Dr / Mx		
<b>Given name/s*</b>			
<b>Family name*</b>			
<b>Entity name</b> (if applicable)			
<b>Postal address*</b>			
<b>Suburb/City*</b>		<b>State*</b>	
<b>Phone number*</b>		<b>Postcode*</b>	
<b>Email*</b> (for remittances)			
<b>Section 3. Account administrator and primary contact person</b>			
<b>Given name/s*</b>		<b>Family name*</b>	
<b>Position title*</b>			
<b>Phone number*</b>			
<b>Email*</b>			
<b>Section 4. Bank account details</b>			
<b>BSB number*</b>		<b>Account number*</b>	
<b>Bank name*</b>			
<b>Branch location*</b>			
<b>Section 5. Declaration</b>			
<p>By signing below, I agree to the following:</p> <ul style="list-style-type: none"> <li>I declare that I am an authorised representative of the vendor outlined at Section 1 or 2</li> <li>I have read and can verify that all of the details outlined above are true and correct</li> <li>the NT Government will send remittance/purchase order (PO) advice to the email specified in Section 2A or 2B</li> <li>I authorise the NT Government to pay amounts owing to the bank account indicated at Section 4</li> <li>I have read and understood the Privacy Statement.</li> </ul> <p>The NT Government will accept the signature of the authorised representative as conclusive evidence of that person's authority to execute this agreement on behalf of the vendor. The NT Government is under no obligation to verify the authority of the undersigned authorised representative.</p> <p>The vendor is responsible for the above particulars and for advising the NT Government of any changes in the abovementioned particulars within a reasonable time. Payment will be deemed to be made when the NT Government account is debited. The NT Government will not be responsible for any delays in payment or errors due to factors outside the reasonable control of the NT Government. This includes but not limited to delays or errors in the banking system.</p> <p>The vendor agrees to repay the NT Government any payments credited to the vendor in error. The NT Government reserves the right to offset any amount paid in error against future payments.</p>			
<b>Name of authorised representative*</b>			
<b>Signature of authorised representative*</b>		<b>Date*</b>	