



WITNESS EXPENSE CLAIM FORM

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*)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total (A)	\$ _____

Nett Wage Loss _____ days @ \$ _____ per day or part thereof	Total (B)	\$ _____
<i>(Employers/Accountants letter to be attached)</i>		

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

Journey details: _____ kms @ \$0.82 per km = \$ _____

Passenger Allowance: _____ kms @ \$0.05 per km = \$ _____

Vehicle Registration No.: _____ **Total (C)** \$ _____

TOTAL CLAIM (A+B+C) (D) \$ _____

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: _____ Position: ASSISTANT BUSINESS MANAGER / BUSINESS MANAGER

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 \$0.82 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 prosecution Liaison Officer on 1800 628720 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: \$18.40 Lunch: \$28.30 Dinner: \$39.80 **Daily total \$86.50**

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 \$0.82/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

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:



Vendor Creation / Amendment Form

The Northern Territory Government requires information for the purpose of administering vendor account setups and maintenance. The Northern Territory Government will only use such information collected for the purpose of making payments.

***Indicates Mandatory Field**

SECTION A ABN HOLDER TO COMPLETE			
*ABN Number:		Registered for GST?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Entity Name:			
*Business/Payee Name:			
*Postal Address:			
*Postcode:			
*Suburb/City:		*State:	
*Telephone Number:			
Fax Number:			
E-mail Address:			

OR

SECTION B NON ABN HOLDER TO COMPLETE					
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Master <input type="checkbox"/>	Dr <input type="checkbox"/>
*Individual Given Name/s:					
*Individual Surname:					
*Entity Name (If applicable):					
*Postal Address:					
*Postcode:					
*Suburb/City:		*State			
*Telephone Number:					
Fax Number:					
E-mail Address					

**SECTION C
PREFERRED REMITTANCE METHOD**Email ☐Fax ☐Post ☐**SECTION D
ACCOUNTS ADMINISTRATOR / PRIMARY CONTACT**

*Given Name:

*Surname:

*Position Title:

E-mail Address:

*Telephone Number:

**SECTION E
BANK ACCOUNT DETAILS***BSB Number
(branch identifier):

*Account number:

*Name of Financial
Institution:

*Branch Location:

**SECTION F
CREDIT CARD FACILITIES***Are you facilitated for credit
card payments:Yes ☐No ☐**SECTION G
DECLARATION**

I declare that I am an authorised representative of the Vendor outlined at Section A or B.

I have read and can verify that all of the details outlined above are true and correct.

I authorise the Northern Territory Government to send its remittance advice via the method specified at Section C
I authorise the Northern Territory Government, to pay amounts owing to the bank account indicated at Section E.
The Northern Territory 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 Northern Territory Government is under no obligation to verify the authority of the undersigned Authorised Representative.

The Vendor is responsible for the above particulars and for advising the Northern Territory Government of any changes in the abovementioned particulars within a reasonable time. Payment will be deemed to be made when the Northern Territory Government account is credited. The Northern Territory Government will not be responsible for any delays in payment or errors due to factors outside the reasonable control of the Northern Territory Government, including but not limited to delays or errors in the banking system.

The vendor agrees to repay the Northern Territory Government any payments credited to the Vendor in error. The Northern Territory Government reserves the right to offset any amount paid in error against future payments.

*Signature of Authorised Representative

X

*Date