

# GENERAL ALLOWANCES CLAIM FORM

(travel, accommodation, other)

Witnesses who have been either required to appear before an Integrity Tribunal or requested to attend a place to be interviewed under section 82 of the *Integrity Commission Act 2009*, are entitled to receive allowances for the following:

- ▼ Meals
- ▼ Travel
- ▼ Accommodation
- ▼ Other allowances that an Integrity Tribunal considers reasonable.

People who appear otherwise than as a witness (for example, they did not receive a notice from the Integrity Tribunal compelling them to appear) may apply to the Chief Executive Officer of the Integrity Commission for the payment of the allowances.

Allowances are payable on the same terms and at the same rate as is prescribed from time to time in the Tasmanian State Service Award made under the *Industrial Relations Act 1984*.

Please read the [Claiming costs and expenses](#) information sheet to help you understand what you are entitled to claim and the evidence you need to support your claim.

## SUBMITTING THIS FORM

SCAN /EMAIL	<a href="mailto:inquiryoffice@integrity.tas.gov.au">inquiryoffice@integrity.tas.gov.au</a>	If filling in by hand – please print clearly using black or blue pen.
POST	Inquiry Office GPO Box 822 Hobart TAS 7001	For help with reading, writing or maths call 26TEN on 1300 00 2610.

## Claimant details

Name	
Inquiry relevant to this claim	
Are you a witness in this inquiry / tribunal	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide the reference number that was on your notice to appear	
If YES, please provide date and time details for your appearance, eg when you attended an inquiry interview or when you appeared as a witness before an integrity tribunal	
If NO, please provide a brief explanation of the costs you incurred / why you are seeking to claim:	

## MEAL ALLOWANCE CLAIM

[illegible]

## TRAVEL ALLOWANCE CLAIM

## Vehicle details

Private vehicle make and model OR name of taxi / ride share company

[illegible]

### Reference table for calculation

\* Rates are current at 25 May 2022. Rates are adjusted annually from 1 July each year.

## DECLARATION

I declare that allowances claimed have been expended in accordance with relevant Award provisions.

### Payment details

Account holder's name

BSB number (six digits)

Account number

Name of bank

### Claimant signature

I declare that the information provided is true and correct.

Signature

Date

## OFFICE USE ONLY

Authorised as being in accordance with approved Award rates, and attendance and calculations checked.

### Inquiry Coordinator's signature

Signature

Date

### CEO Determination

☐ Approved

☐ Refused

Reasons (if refused)

Signature

Date