

Witness Expenses Claim Form

Case: _____

Date of Accident: _____

Full Name: _____

Postal Address: _____

Phone: _____

Start of journey: _____

End of journey: _____

The reimbursement of witnesses is regulated by the law governing compensation of witnesses and experts. Please determine the reimbursement according to the information stated as below and transfer the amount to my account. I assure the correctness of the following statement.

Payment Details

Name of Bank: _____

Location of the Bank: _____

IBAN: _____

BIC: _____

1. Travel expenses (please attach ticket ect.)

Flight _____

Train/Class fare: _____

Surcharges _____

Public transport (metro, bus or the like) _____

Vehicle (round trip) km _____

2. Overnight stay(s), attach invoice day(s) _____

3. Loss of earnings (attach confirmation issued by the employer) _____

Date

Place _____

Signature _____