## Witness Expenses Claim Form

Case	e:				-
Date	<b>2</b> :				
Full	Name:				_
Address:					_
Star	t of the journey:				-
					-
⊨na	of the journey:				_
und -	compensation for witnesses is based entschädigungsgesetz – JVEG). I as racy of which I assure you, and trans	sk you to set the compensat	ion taking into account		
		Payment Details			
Nam	e of Bank				_
Account holder					
IBAN	<b>1</b> :				_
BIC:					_
					_
1.	Travel expenses (please attach ticket ect.)				
	Flight				
	Train			<del></del>	
	Surcharges				
	Public transport (metro, bus	or the like)			
	Vehicle (Round trip total)	km			
2.	Overnight stay(s) (attach inv	voice) day(s)			
3.	Loss of earnings (certificate	from your employer)			

Signature

Hamburg