



Board of Inquiry into the McCrae landslide

HEARINGS – WITNESS EXPENSE CLAIM FORM

Witnesses called to give evidence at the Inquiry can use this form to claim attendance expenses. The items you can claim and the maximum claim amounts, as well as instructions for what is required before making a claim is outlined in more detail in the related policy:

[Practice Direction NO.6: Hearings – Witness Expenses Policy](#), 4 April 2025 which outlines the rates and limits for claiming expenses incurred as a witness to the Inquiry.

Important information for claimants:

- The Inquiry will reimburse expenses for the day the witness gave evidence.
- If a witness has given evidence and decides to stay for the remainder of a hearing, they are only entitled to be reimbursed for the expenses on the date they gave evidence, not any following day(s).
- The Inquiry can only reimburse loss of *net* income. Income tax and/or GST are not part of the witnesses' income claim entitlements.
- A witness is classified as attending in a “professional/expert capacity” if they have been called by the Inquiry in their capacity as an expert (i.e. not a resident who has related expertise).

Providing supporting evidence:

Each section of the form must have proof/evidence of loss/expense attached.

For example:

- For section A, a certification of net loss of income is required.
- For section B, a taxi GST receipt (or copy of) would suffice. A witness using public transport, can claim the maximum MYKI daily fare.
- For section D, a GST receipt from a café/restaurant is evidence of a meal expense.
- If claiming for loss of income, please complete either the certification by employer or the statutory declaration section, as follows:
 - If a witness is employed by someone or an organisation, complete the “Certification by Employer”.
 - If a witness is self-employed, complete the “Statutory Declaration”.
 - The amount of loss noted should be the actual amount the witness will be deducted or lose due to attendance, not the maximum claim amount.
- Solicitors working with the Inquiry are among those authorised to witness the statutory declaration, as can those listed [here](#).

Where to send your claim:

Please send the completed claim form and supporting evidence to contact@mccraeinquiry.vic.gov.au or by post to Board of Inquiry into the McCrae landslide, Level 10, 460 Lonsdale Street, Melbourne VIC 3000.

Deadline for making claims:

All witness expense claims must be made prior to the Inquiry delivering its Final Report.



Board of Inquiry into the McCrae landslide

Witness details

Full Name:

Address:

Phone:

Email:

Hearing attendance details

Dates appeared as
witness:

Dates:

Hours:

Total:

total days

total hours

Section A – Net Loss of Income/Wages[^]

	Net Hourly income rate as per Loss of Income form*	Net Daily income rate as per Loss of Income form*	Qty	Total allowance
Non-expert witness	\$ (\$100 maximum per hour or part thereof)	\$ (\$600 maximum per day or part thereof)		\$
OR				
Expert witness	\$ (\$300 maximum per hour or part thereof)	\$ (\$1500 maximum per day or part thereof)		\$

Have you completed and attached the 'Certification of Net Loss of Income'? (please tick): ☐

[^]The 'Certification of Net Loss of Income' form (see attached) must be completed.

*Leave blank if inapplicable.

Section B – Travel Expenses*

*Type of transport taken (e.g. train, bus, taxi):	Total allowance
Cost per day: \$ No. of days: (Maximum daily fee for myki users)	\$
OR *No. of kilometres travelled: No. of days: (Entitled to 18 cents/km)	\$

*Leave blank if inapplicable.



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Section C – Childcare Expenses*

Reasonable childcare expenses incurred because of witness' attendance: **Total**

\$ per hour*/day* No. of hours*/days*: \$

Other reasonable expenses (max \$50 per day) No. of days*: \$

Proof of childcare expenses attached (please tick): ☐

*Leave blank if inapplicable.

Section D – Meal Reimbursement*

Witness absent from home between the following times	Maximum Meal Allowances		Meal Receipt Totals
	Witness absent from home overnight**	Witness absent from home part day***	

Breakfast* (7 – 8.30am)	\$17.70	\$12.40	\$
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Lunch* (12.30 – 2 pm)	\$19.75	\$12.40	\$
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Dinner* (6 – 7.30 pm)	\$34.05	\$16.50	\$
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Evidence of meal expenses attached (please tick): ☐

Total \$

*Leave blank if inapplicable.

**Maximum overnight meal allowance of \$71.50 per day.

***Maximum part-day meal allowance of \$41.30 per day.

Section E – Accommodation Expenses#

Note prior approval is required to claim accommodation expenses.

Cost of alternative accommodation because of witness' attendance.*

\$ per night No. of nights: **Total** \$

(Maximum of \$150 per night).

Evidence of the alternative accommodation cost incurred attached (please tick): ☐

Evidence of prior approval to incur accommodation costs attached (please tick): ☐

*Leave blank if inapplicable.

Total Claim

TOTAL CLAIM (total of sections A to E):

Total \$



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Witness's Electronic Payment Details

Account name:

BSB no.:

Account number:

Witness's Declaration

I declare that I attended the inquiry as a witness and incurred the above expenses / losses.

Signature of witness:

Name of witness:

Date:

Internal Use Only

Authorisation – Financial Delegate

Under section 82 of the Inquiries Act 2014 (Vic) I determine that the witness is entitled to the above allowances or reimbursement of expenses / losses for their attendance at the inquiry.

Signature:

Name and position:

Date:

Finance Charge Code 5007-1582-1546-00000- 53786

The information provided on this form and any supporting evidence will only be used for recording travel of Board of Inquiry into the McCrae landslide witnesses to substantiate travel claims made against the Commission and will be managed in accordance with the Information Privacy principles pursuant to the Information *Privacy Act 2000* (Vic).



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into the McCrae landslide

CERTIFICATION – LOSS OF INCOME - employee

Certification by Employer

I certify that (name of employee called as a witness) will have net wages to the extent of:

\$ per day ----- or ----- \$ per hour

deducted by reason of his/her attendance at the inquiry.

Signature of employer's delegate:

Name and title of employer's delegate:

Employer:

Contact phone number and email:



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CERTIFICATION – LOSS OF INCOME – self employed

Statutory Declaration

I (full name)

of (address)

being a (occupation)

do solemnly and sincerely declare that I conduct a business of my own and by reason of attendance at the inquiry, I will lose a net income of \$ per day OR \$ per hour due to:

(Give reasons how loss of income will be incurred)

I acknowledge that this declaration is true and correct and I make it in the belief that a person making a false declaration is liable to the penalties of perjury.

Declared at:
in the State of Victoria

This day of 20

Signature of person making the declaration

Before me:

(Name of authorised witness*)

(Address of authorised witness*)

Signature of authorised witness

(Authority under s107A of the *Evidence (Miscellaneous Provisions) Act 1958* to witness this declaration)