

HIA Historical Institutional Abuse Inquiry

HIA INQUIRY, PO BOX 2080, BELFAST, BT1 9QA, NORTHERN IRELAND
T: 028 90 720600 E:GENERAL@HIAINQUIRY.ORG W: WWW.HIAINQUIRY.ORG

TRAVEL & SUBSISTENCE CLAIM FORM

(Before completing this form you should read the relevant guidance notes)

NAME: _____

ADDRESS: _____

TELEPHONE No: _____

DATE OF ATTENDANCE AT INQUIRY: _____

DETAILS OF JOURNEY– Please give details of transport used to attend the Inquiry. Car parking should be included here if you travelled by car.	Distance in miles (if travelling by car.) A mileage rate of 25.7p per mile applies.	AMOUNT (£)
SUBSISTENCE	Please tick below to indicate attendance at Inquiry	
Less than 5 hours		£ 4.25
Less than 10 hours		£ 9.30
Overnight		£18.30
TOTAL		

Please ensure that you provide receipts for any public transport tickets purchased or car parking.

Please select:

Payment to bank account (preferred) Payment by cheque

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For bank account payments, please provide:

Bank name & address _____

Account Holder's Name _____

Sort code _____ **Account Number** _____

Please send your completed form and receipts to **FREEPOST HIA Inquiry**
(unless posting from outside the UK when the address at the top of the page
should be used).

FOR INQUIRY USE ONLY

Ref number _____

Witness Support Officer _____

Signature _____

**Your claim will be processed By Account NI in accordance with
Government guidelines. Bank details will be held in confidence and will
be retained no longer than is necessary to process your payment.**