

Tribiwnlys Adolygu
Iechyd Meddwl Cymru

Mental Health Review
Tribunal for Wales

Expenses Claim Form

It is important that you read our guidance booklet, Expenses Claims (MHRTW-12) before filling in this form.

Please complete all parts of this form, in CAPITALS and black ink. Where tick boxes appear, please tick those that apply.

Attach all receipts and tickets.

This application form is also available in Welsh.

Section 1 – Personal and Hearing Details

First Name:

Surname:

Attendance as:

Witness

Representative

Travelling Companion

Nearest Relative

Address (including postcode):

Telephone:

NI Number:

Date of Hearing:

Review Number:

Section 2 – Travel Expenses

Date of Travel:

From:

To:

Method of Transport:

Bus

Car

Train

Other (state)

Mileage rate is currently 23.8 p per mile

Total number of miles (if by car)

(home to hearing and return)

Amount Claimed:

£

Email address:

Section 3 – Declaration

- This claim has been made in accordance with the guidance issued to me;
- No other claim for these expenses has been or will be made against the Tribunal or any other Government Department.

Signed: _____

Name: (IN CAPITALS) _____

Date: _____

Section 4 – Authority (for Tribunal use only)

I have examined the claim and approve payment of:

£

Comments:

Signed: _____

Name: _____

Date: _____

Send your completed form to:

Mental Health Review Tribunal for Wales
2nd Floor, Crown Buildings
Cathays Park
Cardiff
CF10 3NQ

Telephone: 0300 025 5328

Fax: 0300 025 7331

Email: mhrt@wales.gsi.gov.uk

The Mental Health Review Tribunal for Wales welcomes receiving correspondence in Welsh or English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. The Tribunal also welcomes phone calls in Welsh or English.

You may submit forms, documents and make written representations to the tribunal in Welsh or English.

Official use only/
At ddiben y Swyddfa

CRM REF/Cyfeirnod CRM: HR

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Official use only/
At ddiben y SwyddfaVendor Account Number/
Rhif Cyfrif Cyflenwr

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Payee Name/
Enw'r Talai::

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Remittance Address/
Cyfeiriad:

Post code/code post

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Telephone/Ffon:

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Fax/Ffacs:*

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E-mail for remittance/E-bost am hysbysiad talu:

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E-mail for purchase orders.E-bost am ffurflen archeb brynu

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I/We hereby authorise the Welsh Government to pay any sums due, directly into the following Bank/Building Society account. Rwyf/rydym drwy hyn yn awdurdodi Llywodraeth Cymru i dalu unrhyw symiau dyledus, yn uniongyrchol i'r Cyfrif Banc/Cymdeithas Adeiladu isod.

Name of account holder/
Enw deiliad v cyfrif

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Bank Sort code/Cod Didoli'r
Banc:

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(one digit per box/Un digid fesul blwch)

Account Number/Rhif y Cyfrif:

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Building Society roll number/Rhif
Cymdeithas Adeiladu:

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Full Name and Address of Bank/Building Society/Enw a
chyfeiriad llawn y Banc/Cymdeithas Adeiladu

Your VAT number/
Eich Rhif TAW

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Company Registration No./
Rhif Cofrestru's Cymni

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Signed/Llofnod:

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Position in Company/Safle yn y
Cwmni

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Name in BLOCK LETTERS/Enw mewn
PRIFLYTHRENNAU:

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Date:

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