

# Appellant Expense Claim Form

How we use your personal information:

Social Security Chamber  
First-tier Tribunal for Scotland



## Part 1 – Personal Details – Please use BLOCK CAPITALS

Title  Mr  Mrs  Miss  Ms Other

Surname  First name(s)

Address

Telephone/Mobile No.

Email Address

Postcode  Case Ref No.

## Part 2 – Attendance Details

Tribunal Venue

Tribunal Date

Time of Tribunal (24hr format) From:  Until:

In what capacity did you attend the tribunal?

Appellant's name:

Appellant Supporter:

Only complete if you are not the appellant

## Part 3 – Travelling and subsistence expenses (All receipts and supporting documentation must be attached to this)

Are you able to use public transport?  Yes  No

IF No, please indicate why

Car: Number of passengers

Total Mileage (in miles)

Mileage amount (in £s) £

Miscellaneous Car parking (max2 hours), tolls etc. (Please specify) £

Travel expenses – Other  
(Please specify transport used Rail, Bus, Taxi, etc. and give actual fare paid)  £

Subsistence claimed - Attendance times must be completed to support claims for subsistence

To attend the tribunal, I left home/work at:  I arrived home/work at:

**Part 4 – Loss of earnings** (Please note that we cannot pay more than the maximum allowable)

Loss of earnings – Please attach employer’s certificate (not required for self-employed)

Employed

Number of hours  
unable to work

Self employed

What is your occupation?

**Part 5 – Payment details** (if you are unsure about any details, ask your bank or building society)

Name of bank or building society

Print the full name of your bank or building society  
(We cannot pay into a Post Office card account)

Sort Code

Enter all six numbers of your sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number

This may be between 7 and 8 numbers long

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total amount claimed – Parts 3 and 4 (as appropriate)

£

**Part 6 – Declaration**

I declare that the information given is true and complete and that I am not entitled to claim these expenses from any other source. I claim payment and understand that if I give information that is incorrect or incomplete, action may be taken against me. I understand that if an overpayment occurs, repayment may be requested.

Signature

Name (BLOCK CAPITALS)

Date:

**For Official Use by Appeal Processing Offices**

Cost Centre

Natural  
Account code

I have confirmed attendance and checked the accuracy of this claim

Signature for

Date

**Claim Certified and authorised for payment**

I confirm that my statement of Financial Authority enables me to authorise claims relating to the Cost Centre and Natural Account Code and Natural Account Code used opposite.

Signature

Date

Print Name

Phone Number

AO Initials

EO Check

**Only authorised claim forms to be sent to:**

Scottish Courts and Tribunals Service  
20 York Street  
Glasgow  
G2 8GT