

# Appellant Expense Claim Form

How we use your personal information:

<http://socialsecuritychamber.scot/home/about-us/ssc-privacy-statement>

Social Security Chamber  
First-tier Tribunal for Scotland



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

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other	<input type="text"/>
Surname	<input type="text"/>			First name(s)	<input type="text"/>	
Address	<input type="text"/>					
	<input type="text"/>					
Telephone/Mobile No.	<input type="text"/>					
Email Address	<input type="text"/>					
Postcode	<input type="text"/>			Case Ref No.	<input type="text"/>	

## Part 2 – Attendance Details

Tribunal Venue	<input type="text"/>	
Tribunal Date	<input type="text"/>	
Time of Tribunal (24hr format)	From: <input type="text"/>	Until: <input type="text"/>
In what capacity did you attend the tribunal?	<input type="text"/>	
Appellant's name:	<input type="text"/>	
Appellant Witness:	<input type="text"/>	

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF No, please indicate why	<input type="text"/>	
Car: Number of passengers	<input type="text"/>	
Total Mileage (in miles)	<input type="text"/>	
Mileage amount (in £s)	<input type="text"/>	
Miscellaneous Car parking, tolls etc (Please specify)	<input type="text"/>	<input type="text"/>
Travel expenses – Other <small>(Please specify transport used Rail, Bus, Taxi, etc. and give actual fare paid)</small>	<input type="text"/>	<input type="text"/>
Subsistence claimed - Attendance times must be completed to support claims for subsistence		
To attend the tribunal, I left home/work at:	<input type="text"/>	I arrived home/work at: <input type="text"/>

## Part 4 – Loss of earnings or carers expenses (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**

**Gross loss of  
Earnings**

**Self employed**

*What is your occupation?*

**Childcare expenses** – Please attach Carers/Childcare Expenses

**Name and address**

**Number of hours  
Childminder/Carer  
Employed**

**Gross loss of  
Earnings**

## 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*

**Account Number**

*This may be between 7 and 8 numbers long*

**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