



# Lord Chancellor's Department Travel and Subsistence Claim Form

# Office of Social Security and Child Support Commissioners

## Section A - Attendance Details

Court centre attended  Case number  Date

## Section B - Personal Details

Title  Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other

Surname or Family Name  Forename(s)

Full Address   
  
 Postcode

If you **do not** have a bank or building society account please tick here and **go to Section C.** ☐

If you **do** have a bank or building society account please tick preferred method of payment:

Cheque ☐ Direct to a bank or building society account (Give details below) ☐

Full bank/building society name

Sort Code  Bank/Building Society Account Number (if applicable)

Building Society Role Number (if applicable)

## Section C - Travel and Subsistence Details

Please ensure that all receipts and tickets in respect of this claim are attached to this form.

**For official use only**

Cost of return journey by public transport (if applicable)

Number of return miles (if travelled by car or motorcycle)

Time you left home  am/pm Time arrived back at home  am/pm

Parking expenses  Taxi fare (give reason below)

Other expenses (with Office Manager's authorisation)

Reasons:

**TOTAL**

**less any payment made in cash (BOX A)**

**TOTAL FOR PAYMENT BY CSL (BOX B)**

I declare that the information I have given is true and complete to the best of my knowledge and belief.

I declare that I have incurred the above expenses only because of my attendance.

Signature  Date

## OFFICIAL USE ONLY

Dept. Code	Cost Centre Code	Natural Account Code	Project Account Code	Activity Account Code	Total Amount (must equal BOX B)	Financial Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I have checked this claim and I am satisfied to the best of my knowledge and belief that the claimant is entitled to be paid the total amount given above.

Signature  Date

Name (CAPITALS)  Authoriser code

Payee reference  Contact telephone number

## Receipt for Cash Payment (where applicable)

I confirm I have received the sum of  (must equal **BOX A**)

Signature  Date

## CSL USE ONLY

Date Received	Authority Checked	Date Paid
<input type="text"/>	<input type="text"/>	<input type="text"/>