



THE SCOTTISH LEGAL AID BOARD

REQUEST FOR REIMBURSEMENT OF OUTLAYS UNDER CIVIL AND/OR
ADVICE AND ASSISTANCE.

ACCOUNTS REGISTRATION SECTION
ACCOUNTS ASSESSMENT DEPARTMENT
SCOTTISH LEGAL AID BOARD
44 DRUMSHEUGH GARDENS
EDINBURGH EH3 7SW
EDINBURGH DX 250

Please complete this form, including the certificate overleaf, and send it with the necessary documents to the address opposite.
 No covering letter is necessary.

PLEASE TICK ONLY ONE OF THE NEXT TWO BOXES, A OR J

A	CIVIL LEGAL AID AND ADVICE AND ASSISTANCE	<input type="checkbox"/>
J	ADVICE AND ASSISTANCE - RECOGNISED GROUP CLAIMS ONLY <small>(e.g. Ativan, Myodil dye etc.)</small>	<input type="checkbox"/>

R	REIMBURSEMENT
---	---------------

SOLICITOR'S NAME			
FIRM'S NAME			
CIVIL LEGAL AID REFERENCE NUMBER			
ADVICE AND ASSISTANCE REFERENCE NUMBER			
ASSISTED PERSON'S NAME			
PRACTITIONER'S CODE FOR SOLICITOR TO WHOM PAYMENT IS TO BE MADE	NOMINATED SOLICITOR	FIRM'S CODE	ACCOUNT POINT ID
PRACTITIONER'S OWN INTERNAL REFERENCE			

DATE PAID	DETAILS OF DISBURSEMENTS	NET AMOUNT	VAT (IF APPROPRIATE)	TOTAL
PLEASE CONTINUE OVERLEAF IF NECESSARY				
		SUB - TOTALS		
		TOTAL VALUE OF CLAIM		

FOR OFFICIAL USE ONLY

Payment authorised Input Date

