

**Claim for Travelling, Subsistence and Allowance for
Loss of Pay Due to Employment Injury**

Injured Person's Surname.....
 Other Names.....
 Home Address.....

Place of Employment where injury occurred.....
 Date of Employment Injury,.....
 National Insurance Number

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DATE	HOUR OF DEPARTURE	FROM	TO	HOUR OF ARRIVAL	MEANS OF TRANSPORT	PURPOSE OF TRAVEL	NO. OF HOURS	TRAVELLING \$	SUBSISTENCE \$	LOSS OF PAY \$	TOTAL\$
TOTAL											

CERTIFICATE

(To be completed by employer when a claim is made for an allowance for loss of pay).

I certify that

(Name of Claimant)

National Insurance No.

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 will not be paid

wages for the period.....during which he has attended for medical treatment due to the employment injury sustained

On.....

Date.....

.....
Signature of Employer or Authorised Representative

I certify that the expenses claimed above were incurred and are due in connection solely with the treatment for the employment injury sustained by me, the above-named person, on the date mentioned above and that the facts given are correct.

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Signature of Claimant/Authorised Representative

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Witness where Claimant cannot sign

.....
Date