



SCOTTISH LEGAL AID BOARD

REQUEST FOR REIMBURSEMENT OF OUTLAYS OR INTERIM
PAYMENT OF FEES UNDER CRIMINAL LEGAL AID
(IN SOLEMN AND APPEAL CASES) AND CHILDREN'S LEGAL AID

ACCOUNTS REGISTRATION SECTION
ACCOUNTS ASSESSMENT DEPARTMENT
SCOTTISH LEGAL AID BOARD
44 DRUMSHEUGH GARDENS
EDINBURGH EH3 7SW
DX555250 EDINBURGH 30
LP2 EDINBURGH 7

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

RES	REIMBURSEMENT
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PLEASE TICK THE TYPE OF LEGAL AID

CRIMINAL	SOLEMN	APPEALS
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CHILDREN'S

SOLICITOR'S NAME	
FIRM'S NAME	

LEGAL AID 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 OF INVOICE	DETAILS OF DISBURSEMENTS	NET AMOUNT	VAT <small>(IF APPROPRIATE)</small>	TOTAL
PLEASE CONTINUE OVERLEAF IF NECESSARY				
SUB TOTALS				

FOR OFFICIAL USE ONLY		
Payment authorised	Input	Date

