



REQUEST FOR REIMBURSEMENT OF OUTLAYS UNDER SOLEMN CRIMINAL LEGAL AID (incl. APPEALS) AND CHILDREN'S LEGAL AID; REQUEST FOR INTERIM PAYMENT OF FEES IN SOLEMN CRIMINAL LEGAL AID

January 2016
SLA/ROL/6

ACCOUNTS REGISTRATION SECTION
ACCOUNTS ASSESSMENT DEPARTMENT
SCOTTISH LEGAL AID BOARD
THISTLE HOUSE
91 HAYMARKET TERRACE
EDINBURGH EH12 5HE
DX555250 EDINBURGH 30
LP2 EDINBURGH 7

RES REIMBURSEMENT
[] []

POA PAYMENT ON ACCOUNTS
[] []

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 the type of legal aid: Criminal Solemn Appeals Children's

Solicitor's name: []

Firm's name: []

Legal aid reference number: []

Assisted persons name: []

Practitioner's code for solicitor to whom payment is to be made: []

Practitioner's own internal reference: []

Nominated solicitor [] Firm's code [] Account point ID []

Date of invoice	Details of disbursements	Net amount	VAT (if appropriate)	Total
(Please continue overleaf if necessary)				
Sub totals:				

FOR OFFICIAL USE ONLY

Payment authorised Input Date.....

