

**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\$
<b>TOTAL</b>											

**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.

.....  
 Signature of Claimant/Authorised Representative

.....  
 Witness where Claimant cannot sign

.....  
 Date