



Tribunals Service

Tribunals Service AGENCY Interpreter Claim Form

Interpreter Details	
Tribunals: AIT* <input type="checkbox"/> AST* <input type="checkbox"/> ETS* <input type="checkbox"/> TSMH* <input type="checkbox"/> SSCS* <input type="checkbox"/> SEND* <input type="checkbox"/> CIC* <input type="checkbox"/>	* Please tick Tribunal Attended
Agency Name:	Interpreter Telephone No.
Interpreter Address:	

Details of Attendance

Date of Attendance	Hearing Centre / Venue (please specify location)

Appeal Reference Number (if known)	Booking Reference	Appellants Name (if known)

Time In	Time Start Lunch (if taken)	Time Finish Lunch (if taken)	Time Out

Lunch Break must be taken if attending both morning and afternoon session. As per page 23 of the Agency Handbook

Travelling Expenses (only what has been pre authorised between the Tribunals Service and the Agency) *Anything over what has been pre authorised will not be paid*	
Travel Time for Return Journey	Method of Travel
	Bus £
	Train £
	Underground £
	Car Mileage Miles
	Overnight Stay £
	Taxi £
	Oyster Card £

I confirm that the above is fully completed and all the information given is correct to the best of my knowledge.	
Interpreters Signature	Clerks Signature
Office use only: Authorisation spreadsheet checked <input type="checkbox"/>	

****INTERPRETERS MUST ENSURE THIS FORM IS SIGNED BEFORE THEY LEAVE THE VENUE****

****ALL RECEIPTS – INCLUDING OYSTER CARD RECEIPTS - MUST BE ATTACHED TO ENSURE CLAIM IS PAID IN FULL ****