



Health & Safety Office

Injury / Incident Policy – 'Out Of Pocket Expenses' Claim Form

(Note: Your claim cannot be processed until DCU Injury/Incident Form is received in the H&S Office)

Name _____

Address: _____

Phone Number: _____

Employee/Student No.: (Where Applicable) _____

Brief description of incident in which expenses were incurred: _____

Staff member to whom you reported incident

(If claimant is not a staff member) _____

Has the DCU Injury/Incident Form been completed & returned to the Health & Safety Office? YES / NO

Itemised listing of expenses incurred (taxi / medical / property repair etc)

Expense Incurred	Amount	Receipt Attached Y / N

Total 'Out of Pocket Expenses' claimed *(Receipts must be attached)* _____

Declaration: I declare that the answers and particulars given above are correct. I have not concealed any material information.

Date: _____

Signature: _____