

Ship name:		Port:				<b>Date/ Number of Bank Slip Evidencing Payment</b>
Crew name:		Date:				
Rank:		Date joined ship:				
Nationality:		EOM reference:				
Illness/Injury:		First notice to EOM:				
<b>Details of expenditure</b>	<b>Voucher No.</b>	<b>Currency</b>	<b>X/rate</b>	<b>\$US Amount</b>		
1. Medical expenses (excluding hospital)						
2. Hospital expenses						
3. Crew transportation						
4. Hotel						
5. Repatriation airfare						
6. Substitution airfare and transportation						
7. Substitute hotel						
8. Agency fee/expenses						
9. Death/disability benefits (Attach receipt and release)						
10. Sickness wages						
11. Deviation Expenses a. Fuel b. Lube Oil c. Daily running expenses						
12. Other expenses						
13. Loss of personal effects						
			Gross total			
				Applicable deductible		
				Net amount claimed		

**Payable to:**

Bank:	
Bank address:	
A/C Name:	A/C Number:
SWIFT Code:	Routing Instructions: