**reimbursement** claim form



|  |  |
| --- | --- |
| Client Name: | Amount |
| NDIS ID: (if known) |  |
| Address: |  |
| Postcode: |
| Date Sent to LN |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date/s | Item/Service Description (one item per line) | Receipt Attached | Amount |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| Total | | | $ |

**Payment Method**

Direct Deposit to PAYMENT MADE TO

My nominated bank account

**BSB**

ACC NUMBER ACC NAME

I confirm that this claim for reimbursement is correct and within the goals of my Funding plan

# Name of Client or Invoicing Authority:

I confirm that all invoices attached have been fully paid

**Complete and attach receipts and either email or post to**

4 Verner Street, Geelong VIC 3220

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