

# customer reimbursement claim form

Participant Name:		Claimant Name:	
NDIS Number:		Relationship to Participant:	
Address:			
	Postcode:		
Bank Account Details	Account Name:		
	BSB:	Account Number:	
Date sent to LN:			

## DETAILS OF CLAIM

Receipt/Invoice Date	Funding category or description	Receipt with ABN No.	Receipt/Invoice No.	Amount Paid (GST inclusive)
		<input type="checkbox"/>		\$
		<input type="checkbox"/>		\$
		<input type="checkbox"/>		\$
		<input type="checkbox"/>		\$
		<input type="checkbox"/>		\$
		<input type="checkbox"/>		\$
		<input type="checkbox"/>		\$
		<input type="checkbox"/>		\$
		<input type="checkbox"/>		\$
		<input type="checkbox"/>		\$
		<input type="checkbox"/>		\$
Total amount of this payment request (GST inclusive)				\$

Receipt must be a valid receipt or proof of purchase must include the business name and Australian business number (ABN) the date of supply and details of the product or service.

By signing below you declare that the supports claimed have been received and paid for in full and that they meet the 'reasonable and necessary' legislation of the NDIS, and are within the goals of my funding plan

Signature
Print Name