

REIMBURSEMENT REQUEST FORM

By completing the following form and sending it to us, you are asking Blitzit Plan Manager to request a reimbursement from the NDIS based on a payment that has already been made to a service provider.

TO RECEIVE YOUR REIMBUESMENT, FOLLOW THESE STEPS:

We require:

- This form to be filled out
- The original Tax Invoice from the provider
- Proof of payment (like a receipt)

Once you have filled in ALL of the details below, please return by email to invoices@blitzit.com.au or mail to PO Box 4323 Pitt Town NSW 2756.

PARTICIPANT DETAILS

First Name: Last Name:
 NDIS number: Phone Number:

IF YOU ARE A PARENT, GUARDIAN OR AUTHORISED REPRESENTATIVE REQUESTING REIMBURSEMENT ON BEHALF OF THE PARTICIPANT, WE REQUIRE THE FOLLOWING DETAILS:

SELECT ONE:

Please tick: Parent Guardian Authorised Representative

Name: Phone:

Email:

BANK ACCOUNT DETAILS - PLEASE PROVIDE THE BANK DETAILS OF THE PERSON RECEIVING THE REIMBURSEMENT

Account name:

BSB: Account Number:

INVOICE DETAILS TO BE REIMBURSED

INVOICE DATE	INVOICE NUMBER	SERVICE / PRODUCT DESCRIPTION	AMOUNT