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| **Reimbursement Request** |  |

Hi Your Choice team!

Here are details of funds I have spent that I’d like to claim back as a reimbursement from my NDIS support budget.

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| **My NDIS Participant name and NDIS Number:**  |
| **Brief description of goods/ services provided you’ve paid for** : **Brief description of goods / services to be provided**: eg.  Incontinence pads, Assistance at Home or Speech Therapy |
| **NDIS Budget category** (if known): |
| **Reimburse to my usual bank account on file: Yes / No?**  |
| **If no , provide new bank details for payment:** Bank Name:BSB: Account Number:Account Name:  |

**Now save and email the Your Choice DPM team this form by clicking this button**. Send.

**Also email a copy of the invoice you’ve paid and the receipt to** **invoices@yourchoicedpm.com.au** **remember to mark invoice clearly as PAID.**

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