|  |  |
| --- | --- |
| **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.

|  |
| --- |
| **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](mailto:invoices@yourchoicedpm.com.au).

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

© Your Choice Disability Plan Management 2020