

## COMMUNITY PHARMACY FOOD THICKENING VOUCHER REIMBURSEMENT FORM (FT001)

*Please submit to NECS Finance team at the following address:-*

Finance Team  
North of England Commissioning Support  
John Snow House  
Durham University Science Park  
Durham  
DH1 3YG

**OR** email to [NECSU.FINANCECOMMETEAM@nhs.net](mailto:NECSU.FINANCECOMMETEAM@nhs.net)

|  |   |
|--|---|
| Name of Pharmacy:  |   |
| Address of Pharmacy:   |   |
| Quantity and Cost of Food Thickening Product Supplied  | <input type="checkbox"/> x 175g Tin Nutilis Clear by Nutricia = £ ..... |
| Dispensing Fees (£0.90)  | <input type="checkbox"/> x £0.90 =                                      |
| Prescription Fees Collected<br><small>(Please deduct this from the total amount claimed)</small> | £.....  |
| Pharmacist's Signature   |   |
| Pharmacist's Name (please print clearly)   |   |
| Date   |   |

|                             |
|-----------------------------|
| <b>Total claimed</b> £..... |
|-----------------------------|

|                             |                     |
|-----------------------------|---------------------|
| <b>FOR PCT USE ONLY</b>     |                     |
| <b>AUTHORISED DATE:</b>     | <b>COST CENTRE</b>  |
| <b>AUTHORISED SIGNATORY</b> | <b>EXPENSE CODE</b> |