

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

*Please return via email to NECS Finance team at the following address:-*

[necsu.minorailments@nhs.net](mailto:necsu.minorailments@nhs.net)

Name of Pharmacy:	
Address of Pharmacy:	
Quantity and Cost of Fluid Thickening Product Supplied	<input type="checkbox"/> x 175g Tin Nutilis Clear by Nutricia = £ ..... <input type="checkbox"/> x 127g Resource ThickenUp Clear by Nestle = £ ..... .....
Dispensing Fees (£0.90)	<input type="checkbox"/> x £0.90 =
Prescription Fees Collected <small>(Please deduct this from the total amount claimed)</small>	£.....
Pharmacist's Signature	
Pharmacist's Name <small>(please print clearly)</small>	
Date	

<b>Total claimed</b> £.....
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<b>FOR CCG USE ONLY</b>	
<b>AUTHORISED DATE:</b>	<b>COST CENTRE</b>
<b>AUTHORISED SIGNATORY</b>	<b>EXPENSE CODE</b>