

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

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

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 = £
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 (please print clearly)	
Date	

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