

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 = £ <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	

Total claimed £.....

FOR CCG USE ONLY	
AUTHORISED DATE:	COST CENTRE
AUTHORISED SIGNATORY	EXPENSE CODE