

Request for Reimbursement

Please fill in this form and email it to admin@planpartners.com.au together with:

- the original tax invoice from your service provider
- proof of payment (such as a receipt)

When we receive this form from you, we will:

- Ensure the costs meet the reasonable and necessary guidelines
- Ensure you have enough funds in your plan to make the reimbursement
- Lodge your request with the NDIS.

Plan Partners can only reimburse costs that are approved by the NDIS. **Any questions? Call our friendly team on 1300 333 700.**

Please fill in the following details:

Customer details (This is the NDIS Participant)

First Name:

Last Name:

NDIS Number:

If applicable, person responsible (or Plan nominee)

If you are a Plan nominee making this request on behalf of the customer, please provide your details.

First Name:

Last Name:

Phone:

Mobile:

Email:

Bank account details

Account Name:

BSB:

Account Number:

For us to process your reimbursement request and meet the requirements of the NDIS, please provide us with details of all the invoices for payments you would like to have reimbursed:

Invoice date	Invoice number	Service / Product Description	Amount