**Declaration** 

## GP universal influenza vaccination program reimbursement form



This form is only to be used by GPs to claim the cost of privately purchased 2022 influenza vaccines that have been administered during the NSW Health universal free flu vaccination program 1 June to 17 July 2022.

l,			(print name) declare that:
I have purchased private ma	rket influenza vaccines for adn	ninistration in the 2022 progra	am
I have administered these to m	ny patients during the NSW Healt	h universal free flu vaccination բ	orogram between 1 June to 17 July 2022
I have reported all administe	ered doses to the Australian Im	munisation Register	
I am aware that I am subject	to an audit by NSW Health reg	garding this declaration	
Invoices attached* Yes No	)		
Note: reimbursement will only be	provided on invoices that have	been provided as evidence of v	accine purchase.
Please complete the following	details:		
Vaccine brand	Number of vaccine doses	Cost per vaccine	TOTAL COST
	1		
Name			
Provider Number			
Practice Name			
Practice Address			
Practice Phone Number			
Practice email address			
Signature			
Date			