



Area

Code

5C5

150

Name & Address for Payment

Any Optician
 1 Anystreet
 Anytown
 0
 WW11 1WW

Please submit two copies of this submission header
 One will be returned to you

GOS1

We attach : Value: £ Forms dated before 1 April

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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We attach : Value: £ Forms dated after 1 April

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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**Contractor Declaration
 To be completed in all cases**

I, as authorised by the contractor, wish to claim payment for the above submissions

Please sign in the box

Name		
Date		
Please mark with an 'x' here if these are electronic submissions		<input type="checkbox"/>

Please send your claim forms to:	PCSE Enquiries PO Box 350 Darlington DL1 9QN
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For Office Use Only

	Volume	Value(£)	Date received	Date processed
Total In Submission				
Total Returned				
Net Total				
Input By				

IMPORTANT NOTE: This form must only be used for the contractor/authorised signatory stated above. Failure to do this or making alterations to this header may cause delays or errors in your payment.

5C5-150-GOS1

