



Area

Code

<b>5C5</b>	<b>150</b>
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Name & Address for Payment

<p>Any Optician 1 Anystreet Anytown Anyshire WW11 1WW</p>
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Please submit two copies of this submission header  
One will be returned to you

<b>GOS3</b>
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We Attach :	Value:
<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"/> <input type="text"/>

### 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:	<b>PCSE Enquiries</b> <b>PO Box 350</b> <b>Darlington</b> <b>DL1 9QN</b>
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For Office Use Only

	Volume	Value(£)	Date received	Date processed
Total In Batch				
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-GOS3\*

