



Area

Code

5C5	150
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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

GOS4

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		

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 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-GOS4

