

Only New Style GOS Forms Should Be Submitted With This Batch Header



ODS Code

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Practice Name & Address

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GOS1

Quantity of forms:

Total Value:

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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		

If using normal post please send your claim forms to:	PCSE Enquiries PO Box 350 Darlington DL1 9QN
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If using courier, please send your claim forms to:	PCSE Mailroom Building 17 Lingfield Point McMullen Road Darlington DL1 1RW
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IMPORTANT NOTE

- The **MAXIMUM** number of forms to be attached to a single batch header should not exceed **100 forms**. If you have more than 100 forms to submit, please use separate batch headers.
- Only **ONE** batch header required per batch. Please **DO NOT** attach a second batch header.