ODS Code

Practice Name & Address

GOS3

Quantity of forms:	Total Value:

☐☐☐☐ £☐☐,☐☐☐.☐☐

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**
If using courier, please send your claim forms to:	**PCSE Mailroom** **Building 17** **Lingfield Point** **McMullen Road** **Darlington** **DL1 1RW**