



Muscular Dystrophy
New Zealand

Pneumonia Vaccine Funding

Members Reimbursement Form

Agreement

I acknowledge that I am applying to MDANZ for payment of costs to the value of \$..... for the pneumonia vaccine.

I confirm that these costs were incurred for the stated purpose (above) and attach evidence of this expenditure.

I agree to have my information used in publicity and promotional material and/or financial reports as required by MDANZ.

Applicant Name:

Member Number:

If signed on behalf of, signed by:

Relationship:

Signature.....

My nominated bank account to be credited (please return evidence of payment made with this acknowledgement):

Account Name:

Account Number:

OR

Medical Centre Name to be paid directly:

Invoice number (please supply invoice with this acknowledgement):

Note: Payment will be made within five working days from receipt of your acknowledgement