



PRO PLAN MANAGERS

STATEMENT

- I confirm that the information provided on this form is true and correct, and meets the guidelines of NDIS reasonable and necessary supports (please seek guidance from NDIS on 1800 800 110 or your LAC if you are not sure.)
- I have not previously claimed these purchases (on-line or using this form)
- I will ensure that all receipts supporting the spent amounts on this form are kept for a period of five years
- I understand that giving false or misleading information is a serious offence
- I understand that this information is protected by law and can only be given to someone else where Commonwealth law allows, or requires it, or where I give permission.
- I have attached all invoices

