

**FIFE NETWORK OF PALLIATIVE CARE COMMUNITY PHARMACIES  
JUST IN CASE BOX  
CLAIM FORM**

<b>Pharmacy Address</b>
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JIC Box No.	Date Box Issued	Date Box Returned If Known	Amount Claimed (£25 per JIC box issued)
<b>Total</b>			

Authorised Signatory for Participating Pharmacy ..... Date.....

Pharmacy Contractor Code .....

Authorised Signatory for NHS Fife Pharmacy Services..... Date.....

Financial Code:.....

**Please submit for payment by the 5<sup>th</sup> of each month email [fife.fifepharmacycommpharm@nhs.scot](mailto:fife.fifepharmacycommpharm@nhs.scot)**