**Reimbursement for Purchase of Pay as You Go Mobile Phone**

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| Community Pharmacy Stamp or Address: |  | Contractor Code: |
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Please complete and return this form once your mobile phone is purchasedto:

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| Community Pharmacy Development Team  Clarkston Court, 56 Busby Road, Clarkston  Glasgow G76 7AT | Fax to: 0141- 201 6044  Email to: [gg-uhb.cpdevteam@nhs.net](mailto:gg-uhb.cpdevteam@nhs.net) |

**Declaration:**

I confirm that I have purchased a Pay as You Go Mobile telephone for the purpose of having an additional telephone number for use by the Health Board and other third parties. I agree that in providing the contact number, I am authorising the Health Board to make this available to third parties that may require it in the execution of duties associated with the provision of pharmaceutical services to the patients of NHS GGC.

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| --- | --- | --- |
| I confirm that I have purchased a Pay as You Go mobile telephone and claim the reimbursement of £20.00. | |  |
| The contact telephone number for this device is: |  | |

Contractor/Contractor Representative Name: ……………………………………… (*please print)*

Signature: …………………………………………. Date: …………………..

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| **Counter Fraud Declaration**: I accept that the information provided on this form may be used to verify any claim associated with this service and may be shared with other bodies/agencies for the purposes of prevention and detection of crime. In signing this form, I consent to this use and acknowledge that if I provide false information then I may be liable to criminal prosecution, referral to my professional body and/or recovery proceedings. |

**Signed on behalf of NHS Greater Glasgow & Clyde:**

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| **Lead Pharmacist**  **Community Care** | **Date: 7th April 2020** |