MyPlan Purchase Payment Request Form

Only complete this form to record payments made for supports in your plan if you cannot use on-line payment request tool in the myplace Participant Portal. If you need help using myplace or to make an on-line payment request, call us on 1800 800 110 or talk to your National Disability Insurance Scheme (**NDIS**) contact.

## Participant details

| **Full name** |  |
| --- | --- |
| **Date of birth** | DD/MM/YYYY |
| **NDIS number** |  |

## Third party details

Required if someone other than participant is completing form. Please complete **all** fields.

| **Full name** |  |
| --- | --- |
| **Date of birth** | DD/MM/YYYY |
| **Relationship to participant***(must be the person managing the funding for supports under the participant’s plan)* |  |

## The following payments for NDIS self-managed supports have been made

| **Support Budget (Category)** | Date the service started | Date the service ended | Invoice/ Receipt Date | Amount Paid(GST Inclusive) |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| **Total amount of this payment request (GST inclusive):** | **$** |
| --- | --- |

## Statement

* I confirm that the information provided on this form is true and correct, and meets the guidelines for self-managed supports
* 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 I may be required to provide information or documents to the National Disability Insurance Agency (**NDIA**) to verify the amounts claimed.
* 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.

| **Full name** |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

## Your privacy and personal information

The NDIA would like some personal information from you in order to pay you or the person that manages the funding for supports under your plan . Any personal information you provide to the NDIA is protected under the *National Disability Insurance Scheme Act 2013* and the *Privacy Act 1988*.

The NDIA will use your information to make payments into your nominated bank account where you have agreed to self-manage. The NDIA will not use any of your personal information for any other purpose, or disclose your personal information to any other organisations or individuals, unless authorised by law or with your consent.

More information about how the NDIA handles personal information can be accessed on our website: [Privacy Page](http://www.ndis.gov.au/privacy) or by contacting the NDIA.

## Please return the completed form:

Email: enquiries@ndis.gov.au

Post: GPO Box 700, Canberra, ACT 2601