

**Ideal Plan Management – NDIS Participant Reimbursement Details**

*Participant:* \_\_\_\_\_

*NDIS Number:* \_\_\_\_\_

*Support Category:* \_\_\_\_\_

*Bank Account Name:* \_\_\_\_\_

*BSB:* \_\_\_\_\_

*Account Number:* \_\_\_\_\_

*Amount to be reimbursed\*:* \_\_\_\_\_

\*If there are multiple invoices or receipts, kindly note the total amount of reimbursement and attach all the corresponding receipts/invoices.

\_\_\_\_\_  
Signature of Participant/Participant's  
representative

\_\_\_\_\_  
Name of Participant/Participant's  
representative (please print)

\_\_\_\_\_  
Date