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| https://www-p.unisa.edu.au/styleguide/logos/images/logo_unisa_RGB-blue.png | **CLAIM FOR PHARMACY EXPENSES RELATED TO WORKERS COMPENSATION CLAIM** | | | | **IM 66** |
| Please forward this completed form to Jenny Bosnakis at Lawson Risk Management Services, PO Box 309, RUNDLE MALL SA 5000 or e-mail [jenny@lawsonrisk.com.au](mailto:jenny@lawsonrisk.com.au) | | | | |
| **Workplace:** | | | **Location:** | **Claim Number:** |
| **Employee Name:** | |  | | |

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| ***Note: Please attach all receipts.***  Please complete **ONE** line for each individual pharmacy item, eg: | | | |
| **Date of purchase** | **Medication purchased** | **Purpose** | **Cost** |
| 17/07/16 | Paracetamol | Pain Medication | $14.95 |
|  | | | |
| **Date of purchase** | **Medication purchased** | **Purpose** | **Cost** |
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| **Signature** |  | **Date** |  |