

CREDIT REDEMPTION FORM

DATE:

I
(Name)

..... Fax No.
(Contact Details)

wish to redeem credits to the value of \$.....

Please Tick: PERSONAL CREDITS FACILITY CREDITS

NAME CREDITS ARE HELD UNDER:

.....
(ie Therapist/Facility Name)

Attached is the relevant registration/enrolment form for:

<i>(Please tick)</i>	COURSE/SEMINAR FEES	<i>(Please tick)</i>	NZAOT FEES
	BOOKS or other RESOURCE MATERIAL		OTHER

DESCRIPTION:
(of Course/Book etc)

Payment is to be made to (ie Supplier, Course Organiser):

NAME:

ADDRESS:
.....
.....

Please subtract the relevant amount from my credit record:

Signature:
(for Facility Credits this should be the person authorised to make this purchase)

REMINDER: Have you enclosed (a) documentation (b) cheque, if necessary

FOR OFFICE USE ONLY

Available Balance:	Requested new supplier set up: ___/___/___ N/A
\$	Requisition sent to HOS for approval: ___/___/___
Authorised: (Signature)	Purchase order number faxed to therapist: ___/___/___
Purchase Order Number:	Invoice received & Planned Delivery actioned: ___/___/___
	Credit Balance Sheet updated <input type="checkbox"/>