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## Form - PRODA Reversal

### Participant Details

Name \_\_\_\_\_

NDIS Number \_\_\_\_\_

### Invoice Details

Invoice No. \_\_\_\_\_

PRN No. \_\_\_\_\_

Provider Name \_\_\_\_\_

Invoice Date \_\_\_\_\_

Copy Attached

Reason For Reversal  Not approved by management

Duplicated entry

Charged in error

Other (please explain below)

### Requested By

Staff Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Reversal Completion Details

Staff Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Brevity Funds Corrected

Approved By \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Further Action Required \_\_\_\_\_