

NMRU Nursery Milk Transfer Declaration

The Nursery Milk Reimbursement Unit (NMRU) is responsible for the management of the Nursery Milk Scheme on behalf of the Department of Health, including registration and payment processes. This form is required to be completed by a registered setting when informing the NMRU that they are authorising an agent to make claims on their behalf.

[1] NMRU Number (MUST BE COMPLETED) Please call 0844 991 4444 if you do not know your NMRU number

[2] Setting Name:

[3] Address

1

2

3

4

Postcode

5

Number of days in the week children attend Open term time only? Yes No (please circle)

Attendance means the number of children under the age of 5 who receive day care in the above setting for two hours or more on any one day. Only one portion of milk per child per day can be claimed through the scheme.

<u>Attendance Details</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Children who stay all day	<input style="width: 100%; height: 20px;" type="text"/>						
Children who stay mornings only	<input style="width: 100%; height: 20px;" type="text"/>						
Children who stay afternoons only	<input style="width: 100%; height: 20px;" type="text"/>						

[4] AGENT NAME

[5] The agent named above [4] will be supplying me with milk from:

[6] This agent will make claims on my behalf for the period commencing from:

[7] Payment for claims from the date above [6] to be paid to:

Sort Code: Account Code:

Account Name:

Declaration:

I understand that this agent will provide me with the details of all claims to be made on my behalf for my validation, prior to their submission for payment to the NMRU. I will ensure that this is actioned as soon as possible and that, as the registered account holder, I have final responsibility for the accuracy of these claims.

I also understand that it is my responsibility to inform the agent immediately of any changes in the numbers of children, or days they attend, to ensure that the milk delivered and claimed for is for my correct entitlement

Title: First Name: Surname:

Tele:

Position:

Signature:

Date:

Email:

For Agent Use Only **Please confirm which of your account numbers this setting is to be assigned to**

Account Name Account No

Comment:

For NMRU Use Only