



Confirmation of Supply of Assistive Technology

Client Details

Name:			
DOB:		NDIS #:	
Parent/Guardian (if applicable):			

Assistive Technology Items Supplied

1.	
2.	
3.	
4.	

Client Confirmation

I _____ (*name of client*) have received the requested assistive technology listed above in good working order. I approve the payment of the supplier, Well and Able, for the assistive technology supplied.

_____	_____
Signature	Date

Supplier Confirmation

I _____ (*name of representative from Well & Able*) have provided the requested assistive technology as listed above in good working order.

_____	_____
Signature	Date

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