**Directions for use:** Complete all sections when replacement restitution or replacement is required. The Vaccine Program requires providers to make restitution for any doses of state-supplied vaccine that have been lost due to the provider’s failure to properly receive, store or use vaccines (as outlined in the Guidelines for Compliance, section A-7). **Use of state-supplied vaccine for adult patients (patients over 19), outside of the Adult Availability Table, is not allowed**. This worksheet must also be kept as part of the site’s records for three years.

Have you contacted the Vaccine Program: [ ] YES [ ] NO Attached invoice: [ ] YES [ ] NO

|  |  |
| --- | --- |
| Reason for restitution:  |  |
|  |
|  |

|  |  |
| --- | --- |
| Provider Site: | Site PIN: |
| Replacement Date:  |
| **Vaccines to be Replaced** | **Replacement Vaccine** |
| **Funding** | **Vaccine and NDC** | **Lot#** | **Expiration Date** | **Number of Doses** | **Funding** | **Vaccine and NDC** | **Lot#** | **Expiration Date** | **Number of Doses** |
| [x] State [ ] Private | *Example:* *HPV9 00006-4121-02* | *Test1234* | *2/20/2021* | *1* | [ ] State [x] Private | *HPV9 00006-4121-02* | *RPL1234* | *4/8/2022* | *1* |
| [ ] State [ ] Private |  |  |  |  | [ ] State [ ] Private |  |  |  |  |
| [ ] State [ ] Private |  |  |  |  | [ ] State [ ] Private |  |  |  |  |
| [ ] State [ ] Private |  |  |  |  | [ ] State [ ] Private |  |  |  |  |
| [ ] State [ ] Private |  |  |  |  | [ ] State [ ] Private |  |  |  |  |
| [ ] State [ ] Private |  |  |  |  | [ ] State [ ] Private |  |  |  |  |
| [ ] State [ ] Private |  |  |  |  | [ ] State [ ] Private |  |  |  |  |