**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: |  |
|  | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** |
| State Private | *Example:*  *HPV9 00006-4121-02* | *Test1234* | *2/20/2021* | *1* | State Private | *HPV9 00006-4121-02* | | *RPL1234* | *4/8/2022* | *1* |
| State Private |  |  |  |  | State Private |  | |  |  |  |
| State Private |  |  |  |  | State Private |  | |  |  |  |
| State Private |  |  |  |  | State Private |  | |  |  |  |
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