

Winter Flu Vaccination Record					
Employee ID Number	Employee Name	Date of Vaccination	Amount (Max' £20)	Receipt Attached (Yes)	Employee Signature (Confirming have received Vaccination)

I confirm that the above employees have received a Winter Flu Vaccination and have provided a receipt to confirm the amount paid. I authorise payment through payroll of the amount indicated to the above employees.

Managers Name _____

Position _____

Date _____

Signature _____

Completed form with receipts attached to be posted to:

"FLU JAB"
Administration.
CEMEX UK Operations Limited
Camden House
Clearwater Park
Thornaby
Stockton on Tees TS17 6QY

UK HR