

Flu Vaccine Roster

IMPORTANT: This roster is to be used for administering flu vaccinations to NON-SANFORD HEALTH PLAN MEMBERS and billed to the employer

Employer Name: _____

Contact Person: _____ Phone Number: _____

	Date of vaccine	Member Last Name	Member First Name	Date of Birth	Price of Shot	NDC # 2023-24
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Name of Clinic/Facility providing shots: _____

Contact person: _____ Phone Number: _____

Remit payment to (name/address): _____

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