

District Name: _____

LEA #: _____

Claim Revision Request Form

School Year _____ Month(s) (circle): July Aug Sept Oct Nov Dec Jan Feb Mar Apr May June

This form is to be used if an error is found on a Child Nutrition Claim for Reimbursement which has already been paid. Submit one (1) form for all months which have errors as a result of the same issue. The form must be completed with supporting documentation attached and signed by the Superintendent, the Child Nutrition Director, and the Claim Approver (if the Approver is not the Superintendent or the Child Nutrition Director) before submitting to ADE CNU.

If approved, the SFA understands that this a one-time exception is available only once in a 36 month period.

Explain in detail how the error occurred and why it was not discovered before the claim was approved for payment.

What specific action(s) is/are the SFA taking to prevent this issue from happening again?

REQUIRED SIGNATURES:

Superintendent

Child Nutrition Director

Claim Approver (if different)

Date

Date

Date

FAX to: (501) 324-9505 attention Sheila Chastain or Email to the district's Area Specialist.