Claim Revision Request Form

This form is to be used for all errors found on Child Nutrition reimbursement claims. Submit one (1) form for all months in which errors have been identified.

School Year_____

District name_____ **LEA**_____

Month(s) check all that apply: July_____ **Aug**_____ **Sept** ____**Oct** _____**Nov** _____ **Dec**_____

Jan_____ **Feb**____ **March** ____**April** _____**May**_____ **June**_____

Using district letterhead, attach a detailed explanation of the error(s).

The explanation must be signed by the Superintendent and Child Nutrition Director and the claims approver (if not the superintendent or CND).

Include specific details of how the error(s) occurred and the specific actions that are being implemented to prevent errors in the future.

Do not write below this line. For FND use only.

FFY_____ School Year_____

Overclaim_____ Underclaim_____ Within 60 days of claim _____ yes _____no

One time exception in 36 months _____ yes _____no Month/date exception used _____

District reported_____ AR finding_____ FND audit_____ Other (explain)_____

_____

_____

Approved _____ Denied _____ One time exception already used _____ Month/year_____

Reason for denial _____

_____

No action, disregard_____ Reason for disregard _____

_____

Reviewer signature_____Date_____

FND signature _____Date_____

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