

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 for ALL errors found on the Child Nutrition Reimbursement Claim.

Submit one (1) form for all months in which errors are identified.

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.

Districts must attach:

- 1) Detailed explanation of how the error occurred with supporting documentation (meal counts, edit checks, roster, POS documentation, etc.)
- 2) What specific action(s) is/are the SFA taking to prevent this issue from happening again? Attach a written procedure.

FOR CNU USE ONLY:

Type of error (Check all that apply):

_____ FFY _____ School Year

_____ Overclaim _____ Underclaim _____ Within 60 Days of Claim _____ Yes _____ No

_____ One-time Exception in 36 Months _____ Month/Date Exception Used

_____ AR Finding _____ District Reported _____ CNU Audit _____ Other – Explain

_____ Approved _____ Denied _____ One Time Exception Already Used _____ Month/Date

Reason for Denial: _____

_____ No Action/Disregard

Reason for Disregard: _____

Reviewer Signature _____ Date _____

CNU Finance Signature _____ Date _____