

Late Claim Explanation and Prevention Plan (Original Claim Submitted Outside 30-days deadline in Atlas)

Complete, sign, and email this form to the Grants Administrator at finance.nutrition@dec.al.ga.gov for approval to process the late claim in “**Pending Approval**” status for reimbursement.

Agreement Nbr:

Claim month/year:

Please explain why you did not meet the 30-day deadline for submitting claims.

Please explain what actions you have taken to prevent this from happening again.

Date

Printed Name of
Authorized Signature

Authorized Signature