



STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION



TO: Sponsors of the National School Lunch, School Breakfast, and Special Milk Programs

FROM: Paul F. Flinter, Chief
Bureau of Health/Nutrition, Family Services and Adult Education

DATE: October 25, 2007

SUBJECT: Operational Memorandum # 1-08
Schedule for Submission of Online Reimbursement Claim Data

The Code of Federal Regulations for the National School Lunch Program [§ 210.8(b)(1)] outlines the time limits for submission of claims for reimbursement to State Agencies by sponsors. The due date for the claim form is the fifteenth of the month following the last day of the month covered by the claim or as noted below when the 15th falls on a weekend or holiday. *Final claims, including revisions, must be submitted not later than 60 days following the last day of the month covered by the claim.* Claims not filed or corrected within the 60 days may not be paid. The new Schedule for Submission of Claims is below.

As a reminder, sponsors must adhere to this schedule to ensure timely payment of claims. The claim system will be locked at the close of the work day on the date indicated in column 2 on the Schedule for Submission of Claims. Additionally, during a certain period every month, claims are locked due to processing. The timeframe for processing varies; therefore, if you are locked out and cannot submit your online claim, we suggest that you try daily until the claims are unlocked.

Note: If you are submitting a **late claim** that is a claim reaching the final deadline date for submission outlined in column 4 and the claiming system is locked, you should submit this claim on the attached paper Claim for Reimbursement form. *This form may only be used for the submission of late claims that are approaching the final deadline date.* These claims must be sent to the attention of Avis Kelly at the Bureau of Health/Nutrition, Family Services and Adult Education, Child Nutrition Programs, 25 Industrial Park Road, Middletown, CT 06457. These forms must be postmarked no later than the date in column 4.

Questions about any of the information provided in this Memorandum may be directed to the following staff:

COUNTY	CONSULTANT	EMAIL	PHONE
Hartford and Tolland	Teri Dandeneau	teri.dandeneau@ct.gov	860-807-2079
	Henry Garcia	henry.garcia@ct.gov	860-807-2048
New London, Windham and Middlesex	RoseAnna Holliday	roseanna.holliday@ct.gov	860-807-2064
Fairfield and Litchfield	Lorraine Sternal	lorraine.sternal@ct.gov	860-807-2008
	Henry Garcia	henry.garcia@ct.gov	860-807-2048
New Haven County	Bob Zwack	robert.zwack@ct.gov	860-807-2081

Important: This is a numbered Operational Memorandum that contains important program information. Please read carefully and retain in a binder for your future reference. Operational Memoranda are also posted on the Child Nutrition website: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320676>

**Schedule for Submission of Online Reimbursement Claim Data
Connecticut State Department of Education
Bureau of Health/Nutrition, Family Services and Adult Education
October 1, 2007 - September 30, 2008**

(1)	(2)	(3)	(4)
Reimbursement Claim Month	This DUE DATE is the date the claim must be received by the State Agency to ensure prompt payment	This is the date that the reimbursement claim check is due to be paid I the State Agency receives claim by the date in Column (2)	FINAL DEADLINE To receive payment, this is the final date that the claim can be submitted* to the State Agency
October 2007	November 15, 2007	January 4, 2008	December 29, 2007
November	December 14	February 5, 2008	January 29, 2008
December	January 15, 2008	March 7	February 29
January 2008	February 15	April 9	March 31
February	March 14	May 7	April 29
March	April 15	June 6	May 30
April	May 15	July 7	June 28
May	June 16	August 6	July 30
June	July 15	September 5	August 29
July	August 15	October 6	September 29
August	September 15	November 6	October 30
September	October 15	December 5	November 29

*Note: “Submitted” means the data has been entered, submitted and received by the Child Nutrition website at:

<http://www.csde.state.ct.us/connecticutprod/Splash.asp>

1. Claims are due (received by State agency) by the date in column (2). Claims received by this date will be processed for timely payment listed in column (3).
2. Claim data **MUST** be received “On-Line” by the date in column (4) to comply with the required time frame (60 days).
3. Claim forms (original and/or revised) must be submitted “On-Line” by the date in column (4), final deadline, to ensure receipt of program reimbursement. Exceptions are granted on a case-by-case basis.

Enclosure