

Date:

To: DHCS County-Based MAA Chief

From: LGA Coordinator (include County)

Subject: Late Invoice Submission Request

Claiming Unit: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

We are requesting delayed submission of our invoice for:

Fiscal Year: \_\_\_\_\_ Quarter: \_\_\_\_\_

The reason the invoice will not be submitted in a timely manner is: \_\_\_\_\_

\_\_\_\_\_

The following steps will be taken to ensure that future invoices are submitted timely:

\_\_\_\_\_

The invoice will be sent to DHS on: \_\_\_\_\_  
Date

Please contact me if you have any questions or require further information at  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_  
LEC/LGA Coordinator