**Agency Letterhead**

[Date]

**TO:** Brian Tinney, Director

Office of Financial Management, Statewide Accounting Division

**FROM:** /s/ Agency requestor, Title

Department/Division

**SUBJECT: REQUEST FOR BELATED CLAIMS APPROVAL**

We are requesting approval to pay the belated claim item(s) listed in the table below, pursuant to SAAM 85.40.10.

[Provide a brief explanation of services/why the belated claim is needed. Ex. The services were provided prior to June 30, 20xx, and the amounts were not accrued or known at that time.]

[In the event that the applicable prior appropriation authority is not sufficient to cover the claim, the agency’s request is to also include an explanation of the reason for the over expenditure and the actions taken to preclude the situation from recurring.]

The following is the information required per SAAM 85.40.10.e:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | **Prior Period**  **Fund/ Appropriation (EA)** | | **Current Period Fund / Appropriation (EA)** | |
| **Vendor Name** | **Amount** | **Service Dates** | **Fund** | **EA** | **Fund** | **EA** |
| XYZ Inc | 780.00 | 06/22/2023 | 001 | 030 | 001 | 030 |
| ABC LLC | 2,990.86 | 06/25/2023 | 001 | 030 | 001 | 030 |
| Joe Smith | 123.56 | 06/27/2023 | 001 | 011 | 001 | 012 |

If you have any questions or need additional information please contact [Agency Contact Name, phone number and/or email address].

cc: [OFM Statewide Accountant]

[Agency staff]