



# Contract Claim Reimbursement Form – Instructions and Guide

**IF THE INSTRUCTIONS BELOW ARE NOT EXACTLY FOLLOWED YOUR CLAIM SUBMISSION IS AT RISK OF DENIAL.**

These instructions have been implemented to allow for claims to go smoothly through the approval process and aid in the speed of claim processing.

## Contract Claim Reimbursement Request Form (Description)

- The Contract Claim Reimbursement Request Form (CCRF) must be used to submit claims for cost-reimbursement once the corresponding contract is executed.
- The 25-digit contract number and contract begin/end dates that are located at the top of the form should match your executed contract.



### FSSA CONTRACT CLAIM REIMBURSEMENT FORM

CONTRACT/AMENDMENT NUMBER: 00000000000000000000000000000000 / ORIG  
 CONTRACT DESCR: [REDACTED] START DATE: 02/01/2024  
 CONTRACT AMT: \$200,000.00 END DATE: 01/31/2025

DUE TO REPORTING REQUIREMENTS REIMBURSEMENT REQUESTS ARE LIMITED TO ONE CALENDAR MONTH. \*

- There is only **one** claim form per executed contract. The same base claim form should be used for each claim submission throughout the life of the contract.
  - If the contract is amended, a new claim form will be generated and sent. In this case, the most recent claim form received should be used for claim submissions.
  - Only completed deliverables or services/purchases provided **within the specified date range** on the form, may be claimed for reimbursement.

**\*The State of Indiana pays 35 calendar days in arrears on a cost-reimbursement basis. The State will not pay prior to the completion of deliverable and/or services/goods being provided\***

## Questions/Contact Information

Question Type	Email	Phone	Fax
Claim Submissions:	ClaimsInfo@fssa.in.gov	(317) 233-4465	(317) 233-6118
Claim Questions:	ClaimsInfo@fssa.in.gov	(317) 233-4465	(317) 233-6118
W9/Direct Deposit:	ClaimsInfo@fssa.in.gov	(317) 233-4465	(317) 233-6118
Payment Questions:	ClaimsInfo@fssa.in.gov	(317) 233-4465	(317) 233-6118
Audit Requests:	ClaimsInfo@fssa.in.gov	(317) 233-4465	(317) 233-6118
Change Claim Form Recipient:	ClaimsInfo@fssa.in.gov	(317) 233-4465	(317) 233-6118
Contract Questions:	Contract.Status@fssa.in.gov		
Mailing Address:	FSSA Administration Service, P.O. Box 28, Indianapolis, IN 46206-0028		

\*Note: Claims cannot be faxed.

## Instructions for Filling out the Claim Form

**OPTION 1 (Preferred):** The fillable PDF form can be completed electronically and must be saved as a PDF.

\* This fillable PDF document is built and has been tested to be compatible with **Adobe Reader 7.0+**.

- Many PDF document programs exist and may not be compatible with this form. Incomplete, corrupt or files not able to be processed from incompatible programs will be rejected.

**OPTION 2:** The PDF form can be printed and completed by hand. If completed by hand, please use **blue ink. DO NOT USE WHITE-OUT ON THE CLAIM FORM**; simply strike-through and correct.

\*If this option is chosen it must be scanned into PDF format.

### The following claim form fields must be completed with every claim submitted:

(Each # will be color coded to match the example claim form below)

1. **FOR PERIOD BEGINNING/THROUGH:** The month beginning and end date of when deliverables/goods/services for which payment is requested occurred. \*Due to reporting requirements, each claim submitted must be for deliverables received and or services/goods paid within the same calendar month. All funds requested within that month should be on the same claims form.
2. **INVOICE DATE:** This should be the date the claim is submitted. This date must not be before the date of the deliverable or services/goods being provided. If submitted later, any claims received 5 or more calendar days after the invoice date will be denied for a more recent submission date.
3. **UNIQUE CLAIM ID:** This is a unique ID number chosen and created by the vendor (grantee). It should be no more than 10 characters long, containing numbers and letters with no special characters/symbols and will represent both an electronic signature and reference number to aid reconciliation. The Unique Claim ID number will be present on the Auditor of State ACH notification for reference as well.
  - a. Please note: Every individual claim form should have a separate Unique ID.
  - b. Resubmission of a claim, that was originally denied, should use the same Unique Claim ID as the original submission. Resubmission should also be indicated in the body of the email.

\* Note: 1-3 above must be completed on all pages and will update automatically if completed electronically. \*

4. **VENDOR CONTACT:** The name of the individual to contact in case of questions regarding the claim. This should be the name of the individual who filled out the claim form and attached the supporting documentation.
5. **VENDOR PHONE/EMAIL:** Contact information, including valid phone number and email for the individual stated as the vendor contact.
6. **FINAL CLAIM:** Select Yes or No.  
One selection needs to be made for every claim submitted. "No" can be selected for all claims if the vendor is unsure. This will not affect approval or denial of a claim.
7. **LINE ITEM - UNITS CLAIMED:** ❌ Do not fill in this section for any line items. Leave it blank for all claims submitted.
8. **LINE ITEM - TOTAL:** For any line item being claimed, enter the total dollar amount being claimed for all costs requested for reimbursement during that month (period). Any line items not being claimed should be left blank.
9. **TOTAL AMOUNT:** Enter the total dollar amount of the line items.  
Note: that on 2-page forms (25-line items or less) this will automatically calculate as line totals are added and does not need to be manually entered.



FSSA CONTRACT CLAIM REIMBURSEMENT FORM

CONTRACT/AMENDMENT NUMBER: 0000000000000000 / ORIG
CONTRACT DESCR: START DATE: 02/01/2024
CONTRACT AMT: \$200,000.00 END DATE: 01/31/2025

DUE TO REPORTING REQUIREMENTS REIMBURSEMENT REQUESTS ARE LIMITED TO ONE CALENDAR MONTH \*

DELIVERABLE(S) COMPLETED ON AND/OR GOOD(S) AND/OR SERVICE(S) PROVIDED
FOR PERIOD BEGINNING THROUGH:

INVOICE SUMMARY
INVOICE DATE: PO NUMBER: 0020000
UNIQUE CLAIM ID: TOTAL AMOUNT:

VENDOR INFORMATION
Vendor Contact for Claim Questions:
Vendor Telephone and E-mail
Note: all reimbursement claims are due within 60 days after the Claim Period End Service Date, unless otherwise specified within the executed contract.
Is this the final claim submission for this contract? Yes No

SUBMISSION INSTRUCTIONS
ELECTRONIC SUBMISSION MUST ONLY CONTAIN ELECTRONIC SIGNATURE IN SUBJECT LINE ON E-MAIL. IMPROPERLY SUBMITTED OR INCOMPLETE CLAIMS WILL BE REJECTED.
Electronic Signature is created by combining 'CCRF' + PO# + Last Service Date + Unique Claim ID
(i.e. CCRF0017599999 07312016 UNIQUE123)
ELECTRONIC SUBMISSION SHOULD BE SENT TO CLAIMSINFO@FSSA.IN.GOV IN A .PDF FILE. ADDITIONAL SUPPORTING DOCUMENTS MAY BE INCLUDED IN THE E-MAIL
PAPER CLAIM SUBMISSION (INCLUDING VENDORS WORKING FOR STATE HOSPITALS) TO: FSSA ADMINISTRATIVE SERVICES PO BOX 28 INDIANAPOLIS IN 46206-0028
CONTRACT QUESTIONS? CONTRACT\_STATUS@FSSA.IN.GOV CLAIM QUESTIONS? CLAIMSINFO@FSSA.IN.GOV OR 317-233-4465

(BELOW IS FOR FSSA INTERNAL USE ONLY)

PEOPLESOFT DOCUMENT INFORMATION
BU\_00501 PO: 0020000669
RECEIPT #
DATE ENTERED: BY:
VOUCHER # CG#
DATE ENTERED: BY:
FOR FSSA CLAIM REIMBURSEMENT (FINANCIAL BULLETIN 5)
Claim = < \$75,000 Authorized Signature Required
Signature: Approved Denied
Printed Name: Date:
=> \$1,000,000 Authorized Signature Required
Signature: Approved Denied
Printed Name: Date:
PS COA Changed on Receiver? Yes No by
Comments (Required for Edit and/or Denials)
Div. Receipt Stamp



FSSA CONTRACT CLAIM REIMBURSEMENT FORM

CONTRACT/AMENDMENT NUMBER: 0000000000000000 / ORIG
CONTRACT DESCR: START DATE: 02/01/2024
CONTRACT AMT: \$200,000.00 END DATE: 01/31/2025
DELIVERABLE(S) COMPLETED ON AND/OR GOOD(S) AND/OR SERVICE(S) PROVIDED

DUE TO REPORTING REQUIREMENTS REIMBURSEMENT REQUESTS ARE LIMITED TO ONE CALENDAR MONTH \*

FOR PERIOD BEGINNING

THROUGH:

INVOICE DATE:

PO NUMBER: 0020000

UNIQUE CLAIM ID:

TOTAL AMOUNT:

Table with columns: RCV, START DATE, END DATE, UOM, ITEM DESCRIPTION, UNITS CLAIMED, UNIT RATE, TOTAL. Includes rows for '24 Implementation Compensation', '24 Grant Funds', and '25 Grant Funds'. A large red X is drawn over the 'UNITS CLAIMED' column for rows 1, 2, and 3.

## Instructions for Electronic Submission of Claims

1. A completed claim must be submitted every month even if no charges are being claimed.
  - a. Claim Period, Invoice Date, Unique Claim ID, Final Claim: Yes/No, and Vendor Contact must be filled in even if no amount is being claimed for the month. All other blanks should remain empty if no funds are being claimed.
2. A completed claim should include ALL PAGES of the claim packet even if no claims for reimbursement are present on that page.
3. All electronic claim submissions should be sent to [ClaimsInfo@fssa.in.gov](mailto:ClaimsInfo@fssa.in.gov).
  - a. Please **\*DO NOT\*** send confidential information (PPI) to this email address.
4. A subject line must be entered for each claim submission. Using the following format in the subject line constitutes an electronic signature. DO NOT add any other information to the subject line. A return e-mail will be sent as 'Proof of Receipt'. In addition, new information and updates to any claim issues will appear on these return e-mails.

**\*THE SUBJECT LINE OF THE CLAIM E-MAIL MUST BE IN THE FORMAT BELOW OR IT WILL BE REJECTED\***  
Note: the "Claim Period End Date" must be formatted – **MonthDayYear** as shown in the example below.

**CCRF[space]10 Digit PO #[space]Claim Period End Date[space]Unique ID**  
**Example: CCRF 0017599999 07312016 CLAIM123**

5. All claim forms need to be in pdf format and attached to the email. Forms completed by hand will need to be scanned and saved as a pdf. Forms completed electronically should not be printed and re-scanned, instead simply submit the completed pdf form file.
6. All claims must have supporting documentation covering what is submitted on the claims form. Supporting documents should be submitted as attachments within the same email and can be in pdf, txt, or standard MS Office formats (Excel, Word, etc.).

### Other Submission Notes

- **Errors:** Claim forms with errors or missing documentation will be denied for correction, which may delay payment. **Corrected claim submissions must be re-dated accordingly.**
- **Resubmission of a claim that was originally denied should use the same unique claim ID as the original submission.** Resubmission should also be indicated in the body of the email and must have all the supporting documentation attached and should be sent through a new email with the proper subject line and current invoice date following all original claim form instructions. **Do not attach the resubmitted form by replying to the denial email.**
- **Overpayment/Duplicate Payment Received:** DO NOT MIX REFUNDS/CREDITS WITH OTHER CLAIMS. When returning funds, use a separate claim form for the line and period in which the overpayment was made. Checks should be enclosed with the claim form and sent as follows:
  - Make payable to: STATE OF INDIANA
  - Mailed to: FSSA Administrative Services  
PO Box 28  
Indianapolis, IN 46206