

ILLINOIS PURCHASED CARE REVIEW BOARD (IPCRB)
REQUEST FOR EXTENSION
RELATED TO FILING CONSOLIDATED FINANCIAL REPORT/AUDIT

PLEASE REQUEST ON OR BEFORE THE REPORT DUE DATE.
(JAN 15 OR 90 DAYS AFTER PROVIDER'S FISCAL YEAR END, WHICHEVER IS LATER)

Provider Name: _____

Address: _____

Provider's Fiscal Year End: _____

Fiscal Year of Request: _____

Contact Person: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

Please identify the type of request by checking the appropriate category:

___ Extension of the due date for report submission until _____

___ Other

Explanation and Justification: _____

Signature and Title (must be executive management or a Board member)

Date

Fax request to: 217-782-3910
Or mail to: Illinois Purchased Care Review Board
Illinois State Board of Education
100 North First Street (E320)
Springfield, IL 62777-0001

-----IPCRB use only-----

___ Extension request approved through _____
___ Request not approved

Per Illinois Purchased Care Review Board at _____ meeting.

This form indicating approval or denial of your request will be returned to the provider by mail or fax within 10 business days after being acted upon by the Illinois Purchased Care Review Board.