**BHSDSTAR Open Billing Window Request**

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| **Date of Request:** |  |
| **Organization Name:** |  |
| **Requestor Name:** |  |
| **Requestor Email Address:** |  |

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| **Project Name(s):** |  |
| **Date to open window back to:**  **(must be the 1st of a month)** |  |

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| **Explain the reason for this request:**  **(Why did you miss the Billing Window?)** |  |

Send completed form to Lead Agency Program Manager. They must Approve or Deny prior to this form being sent to [support@fallingcolors.com](mailto:support@fallingcolors.com).

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| **Program Manager** | **Date** | **Approved or Denied?** | **If Denied, indicate Reason** |
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