

# APPLICATION FOR PAYMENT OF CLAIM AGAINST THE STATE OF TEXAS

INSTRUCTIONS ON SECOND PAGE

**Chapter 559 Notice:**

Under Ch. 559, Texas Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or toll-free number listed on this form.

**SSN Privacy Notice: FEDERAL PRIVACY ACT STATEMENT**

Disclosure of your social security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law. 42 U.S.C. § 405(c)(2)(C)(i); Tex. Govt Code §§ 403.011 and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.


TYPE OF CLAIM (Please check one)

VOID WARRANT     
  UNPAID BILL     
  OTHER \_\_\_\_\_

Please type or print

Claimant's name (Legal name of individual or business)	
Mailing address (P.O. Box, street, city, state and ZIP code plus 4)	
Claimant's Social Security Number (SSN) or business sales or Federal Employer Identification Number (FEIN)	
Claimant's telephone (Area code and number)	Amount of claim
Specific reason for claim (For void warrant(s), list specific identification of goods, services, refund or other items for which the warrant(s) were originally issued.)	
Supporting documentation (Please list)	
1. _____	3. _____
2. _____	4. _____

**CERTIFICATION**

I certify that the information I have furnished on this form is true and correct. I certify that the amount of this claim is still outstanding and is due and payable.	
Type or print name	Title
Claimant's signature 	Date
Complete application and mail to: Comptroller of Public Accounts Fund Accounting Division, Statewide Fiscal Section P.O. Box 13528 Austin, Texas 78711-3528 <b>ATTN: Miscellaneous Claims Analyst</b>	For questions, call toll free (800) 531-5441, ext. 3-4724. The local number in Austin is (512) 463-4724.  e-mail: misc.claims@cpa.state.tx.us

Use this form to file a claim against the State of Texas for the following reasons:

- Warrant that is void due to expiration date.
- Unpaid bill that cannot be paid by receiving state agency due to expiration of appropriation.
- Other claim justified by State contract or State law.

**Eligibility:**

Claims that are over eight years old, as determined from the day after payment was due on the original claim, are generally not eligible for payment by the Comptroller's Office through the provisions of the Miscellaneous Claims Act. For void warrants, the expiration date is eight years from the date the warrant was originally issued. For unpaid bills, the expiration date is eight years from the day after payment was due on the original invoice of delivery of goods or services. If lacking an invoice, eight years from the day after the last day of the contract billing period.

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## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PAYMENT OF CLAIM AGAINST THE STATE OF TEXAS

TYPE OF CLAIM

Check the box indicating the type of claim you are filing.

CLAIMANT NAME

Enter the name of the person or business in whose behalf this claim is being submitted.

MAILING ADDRESS

Enter the mailing address where correspondence concerning this claim should be sent.

**Please included your zip + four code.**

CLAIMANT'S SSN, BUSINESS SALES TAX OR FEIN

If claimant is an individual, enter social security number. If claimant is a business, enter sales tax or federal employer identification number.

AMOUNT OF CLAIM

If the claim is for a void warrant, enter the amount of warrant. If the claim is for an unpaid bill, enter the amount due. If the claim is for any other type of liability, enter amount due.

SPECIFIC REASON FOR FILING CLAIM

Fully describe the reason for filing the claim. It must include the following information:

- Void Warrant: Description of the goods, services, refund, or other item for which the original warrant was issued. Attach original warrant or warrant information. **File should contain specific identification of goods, services, refund or other items for which the warrant was originally issued.**
- Unpaid Bill: Description of goods or services or other item which is unpaid. You must also attach an invoice or other acceptable documentation of the unpaid amount which lists the original date the goods or services were delivered or performed.
- Other: You must fully describe the reason for the claim. Include all appropriate documentation.

SUPPORTING DOCUMENTATION

Application **MUST** contain supporting documentation such as void warrants, itemized bills, invoices, contracts, etc. which will fully substantiate the claim. If not included, a statement must be provided which explains why these items are not available.

CERTIFICATION

The claimant or authorized agent (representative of business) signature is required here.

**Must have original Signature on the form.**