

# STALE CLAIM REQUEST

To: \_\_\_\_\_  
 Governor's Finance Office, Budget Division

Date: \_\_\_\_\_

From: \_\_\_\_\_

Subject: Stale Claim for State Fiscal Year

The attached invoice is a valid claim for expenditures incurred in the above indicated fiscal year. We have reviewed and reconciled all the associated billing and payment records for this claim, and our research verifies that this is an open and valid claim against the state and that claim was not paid in the indicated fiscal year or any subsequent fiscal year. A copy of this analysis and the supporting documentation is attached for your review. Please review and provide your authorization to pay this stale claim as indicated below:

Vendor/Employee Name: \_\_\_\_\_

Vendor/Employee Number: \_\_\_\_\_ Invoice Term Date: \_\_\_\_\_

Invoice Number: \_\_\_\_\_ Invoice/Claim Amount: \_\_\_\_\_

**Coding from original obligation**

Fund	Budget	Category	Amount
<b>Total</b>			

**Coding used to pay Stale Claim**

Fund	Budget	Category	Amount
<b>Total</b>			

Request to pay from current fiscal year account? YES  NO   
 -If yes, full or partial payment from current year funds? FULL  PARTIAL   
 -If partial payment from current year funds, how much? (Provide details below) \$

Is a current Stale Claim Declining Balance Log included in the attachments? YES  NO

**Explanation: Reason (Justification or Detail) for Stale Claim/Funding Allocations/Attachments:**

\_\_\_\_\_  
 Signature (Agency Fiscal Approval)

**BOARD OF EXAMINERS /BUDGET DIVISION USE ONLY**

**Approval for payment from**

Fund  B/A

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Budget Analyst \_\_\_\_\_ Date \_\_\_\_\_

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Clerk of the Board \_\_\_\_\_ Date \_\_\_\_\_