

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	CAT	GL	Amount
Total				

Coding used to pay Stale Claim

Fund	Budget	CAT	GL	Amount
Total				

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

EBBO _____ Date _____

Clerk of the Board _____ Date _____