

Miscellaneous Claim Application

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.

Instructions on second page


Type of Claim <i>(Please check one)</i>		
<input type="checkbox"/> Void Warrant	<input type="checkbox"/> Unpaid Bill	<input type="checkbox"/> Other _____

Please type or print

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

*** 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) and Tex. Gov't Code §§ 403.011, 403.015, 403.055, 403.056 and 403.078. The Public Information Act, Tex. Gov't Code Ch. 522, and applicable federal law shall govern release of information on this form in response to a public information request.

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 Fiscal Management Division P.O. Box 13528 Austin, TX 78711-3528 ATTN: Miscellaneous Claims Analyst Or FAX to: 512-463-2138	For questions, call 1-800-531-5441, ext. 5-0966. The local number in Austin is 512-475-0966.

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.

Instructions for Completing the Miscellaneous Claim Application

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 include your ZIP + 4 code.

Claimant's SSN, Texas taxpayer number or FEIN

If claimant is an individual, enter the Social Security number. If claimant is a business, enter the Texas taxpayer number 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: 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.) that will fully substantiate the claim. If not included, a statement must be provided explaining why these items are not available.

Certification

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

Submit the completed and signed application to the mailing address or FAX number indicated.