STATE OF ALABAMA Department of Finance Comptroller's Office

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AGENCY CLAIM FOR PRIOR YEAR PAYMENT

Per Act 2023-500, the State Comptroller, with the approval of the State Finance Director, may approve a request for payment that an agency failed to process in a prior fiscal year if the State Comptroller finds that the vendor is entitled to the funds.

Once this document has been signed by all parties, it must be attached to the applicable payment document in STAARS. e

ITAB1, etc. The PRC docume	ent will be used if the inv	oice reference	s codes in STAARS, i.e. GAXB1, GAXTB1 s an open prior year purchase order. The ocument must reference "Act 2023-500" fo	
1. Agency Number:	Agency Name:			
2. Enter the Name, Remit Address	and STAARS Vendor ID of the	Vendor:		
Name:	STAARS Ver	ndor ID:		
Street Address or PO Box:				
City, State, Zip Code:				
3. Facts of the Claim:				
A. Date account was due to be p	aid according to payment terms	(MM/DD/YY):	:	
B. Last date of service was prov	ided or goods were delivered (M	M/DD/YY):		
C. State what caused the delay is	n submitting the invoice for pay	ment:		
4. Invoice Details:				
A. Invoice Number: B. Invo		B. Invoice Da	ce Date (MM/DD/YY):	
C. Total of Invoice to be paid	l:			
D. Summary of goods or service	s purchased:			
5. Was a procurement document of	riginally used to procure the goo	ods or service?	No Yes	
If yes, please provide the procur	rement document type and ID nu	ımber:		
Reference related Commodity L	ine #: Accounting	Line #:	Amount Remaining on PO:	
6. Has a claim been filed with the	Board of Adjustments? No	Yes	Claim #:	
			Agency Director or CFO Signature	
For Comptroller Use Only:				