

Miscellaneous Claims Approval Form

(For State Agency and Comptroller of Public Accounts Use Only)

Claim/Current Doc.

Claimant's name (Legal name of individual or business)		
Mailing address (P.O. Box, street, city, state and ZIP + 4 code)		
Amount to be paid by Agency 902	Original Agency #	Fund
Description		

Agency Verification

This agency, _____, has checked their records to verify and substantiate the accuracy of this claim. (By choosing "Is Due" below, you are making the statement that the "Amount to be Paid by Agency 902" shown above is due and payable to the Claimant and that the fund being used is the correct fund to be charged.)

Check one: IS DUE AND PAYABLE Is any information in this claim confidential?*
 IS NOT DUE AND PAYABLE (Please state reason below.) YES NO SOME

* Refer to FPP G.004 and FPP E.045

Remarks			
Date verified	Verified by (Print name.)	sign here ▶	Signature
			Title

Coding Block for Special Fund and GR Dedicated Accounts Only
 Please use Unappropriated when available. Must be current AY.

Appn: _____ PCA: _____ Fund: _____ Agency fund: _____

Please return to Miscellaneous Claims, Texas Comptroller's office.

Attorney General

This office has reviewed the attached claim to determine if it is a legally enforceable obligation of the state of Texas and has made the following determination.

Check one: IS A LEGAL OBLIGATION
 IS NOT A LEGAL OBLIGATION (Please state reason below.)

Remarks			
Date verified	Verified by (Print name.)	sign here ▶	Signature
			Title

Please return to Miscellaneous Claims, Texas Comptroller's office.

Comptroller of Public Accounts

Check one: APPROVED
 DENIED

By (Print name.)	sign here ▶	Signature	Date
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