

**DATA ELEMENT DESCRIPTION EBCDIC WARRANT
INPUT RECORD FORMAT – ELECTRONIC CLAIMS
(ALL RECORDS ARE VARIABLE LENGTH)**

<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
1. <u>File Header Record</u>				
<u>Field Name</u>				
* Record-ID	1	5	AN	Value '00HDR'
Filler	6	5	AN	Blank fill
* Agency-Code	11	4	AN	4 digit-left justified: Zero fill uniform agency code. Source: Uniform Codes Manual, Department of Finance.
Filler	15	Through 100	AN	Blank fill
2. <u>Claim Header Record</u>				
<u>Field Name</u>				
* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	Value from '01' to '99', claims within a file are in ascending consecutive order. There is one claim number per claim schedule submitted.
<u>Record-Type</u>				
* Trlr-Code	5	1	N	Value '0'
* Detail-Code	6	1	N	Value '0'
* Header-Code	7	1	N	Value '1'
Filler	8	3	AN	Blank fill
* Claim-Sch-No	11	8	AN	Number assigned by department's accounting office matching hard copy claim certification submitted by agency; left justified.
Filler	19	2	AN	Blank fill
* Claim-ID	21	10	AN	Provided by SCO-Audits prior to Agency submission of test file(s).
Filler	31	Through 100	AN	Blank fill

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3. <u>Detail Warrant Record</u>				
<u>Field Name</u>				
* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with the Claim-No of Claim Header Record.
<u>Record-Type</u>				
* Trlr-Code	5	1	N	Value '0'
* Detail-Code	6	1	N	Value '1'
* Header-Code	7	1	N	Value '0'
* Zip-Code-First 5	8	5	AN	Payee zip code; left justified; must not be blank; must contain zip code or zero fill. If 5 digit zip, left justified and leave remaining 4 digits blank. Zero fill all 9 bytes if zip is not available or foreign country.
* Zip-Code-Last 4	13	4	AN	
* Payee-ID	17	10	AN	Agency assigned ID number. Do not use SSN, left justified.
Agency-Optional-ID or Sequence-Number	27	6	AN, N, or P	Agency use. If used the ID/Seq-No in the Detail Warrant Record and the supporting Remittance Advice lines must match the specific payment and audit information.
* Line-No	33	2	N	Value '00'
* Det-Amt-Ind	35	1	N	Value '1'
* Warrant-Amt.	36	6	P	Payment amount; numeric. Must be greater than \$0, but not more than \$99,999,999.99 S9(8)v99 comp 3.
Filler	42	4	AN	Agency use or blank fill
* Payee-Name	46	30	AN	Warrant drawn in favor of payee.
Filler	76	5	AN	Blank fill
Address-Line 1	81	30	AN	If warrant is to be mailed to the payee the address must be populated. If 'care of'

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				information is reserved for line 1 and left blank, then line 2 must not be blank.
Address-Line 2	111	30	AN	See Address Line 1
Address-Line 3	141	30	AN	Do not include zip code here, unless foreign country.
Address-Line 4	171	30	AN	Do not include zip code here, unless foreign country.
* Reportable-Code	201	1	AN	Value '0', must not be blank.
SCO-Internal-Use	202	16	AN	Blank fill, SCO Internal Use Only
Filler	218	93	AN	Blank fill
Audit-Info	311	Through 7992	AN	Variable as described by SCO-Audits

4. Secondary Payee (SP) Record

Purpose: To satisfy Government Code section 26903 or to notify other parties of payments (not tax reporting); required when payee is a local government agency.

Field Name

* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with Claim-No of Claim Header Record.

Record-Type

* Trlr-Code	5	1	N	Value '0'
* Detail-Code	6	1	N	Value '1'
* Header-Code	7	1	N	Value '0'
* Zip-Code-First 5	8	5	AN	Payee zip code; left justified; must not be blank. Zip code or zero fill. Include zip code in address field for secondary payee address (county auditor).
* Zip-Code-Last 4	13	4	AN	
* Payee-ID	17	10	AN	Agency assigned ID number. Do not use SSN, left justified.

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
Agency-Optional-ID or Sequence-Number	27	6	AN, N, or P	Agency use. If used the ID/Seq-No in the Detail Warrant Record and the supporting Remittance Advice lines must match the specific payment and audit information.
* Line-No	33	2	N	Value '00'
* Det-Amt-Ind	35	1	N	Value '2' for this record.
* Warrant-Amt.	36	6	P	Payment amount; numeric. Must be greater than \$0, but not more than \$99,999,999.99 S9(8)v99 comp 3.
Filler	42	4	AN	Agency use or blank fill
* Payee-Name	46	30	AN	Party to be notified (Auditor Controller).
Filler	76	5	AN	Blank fill
Address-Line 1	81	30	AN	Address of party to be notified by remittance advice. If 'care of' information is reserved for line 1 and left blank, then line 2 must not be blank.
Address-Line 2	111	30	AN	See Address Line 1
Address-Line 3	141	30	AN	<u>MUST</u> include zip code of party to be notified.
Address-Line 4	171	30	AN	
Filler	201	110	AN	Blank fill
SP-Audit-Info	311	Through 7992	AN	Variable as described by SCO-Audits.

5. Detail Remittance Advice (RA) Statement Record (Print Record – Lines 01 to 42)

One record per printed statement line. Maximum 42 lines of 62 characters of printed info.

Field Name

* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with the Claim-No of Claim Header Record.

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
<u>Record-Type</u>				
* Trlr-Code	5	1	N	Value '0'
* Detail-Code	6	1	N	Value '1'
* Header-Code	7	1	N	Value '0'
* Zip-Code-First 5	8	5	AN	Payee zip code
* Zip-Code-Last 4	13	4	AN	
* Payee-ID	17	10	AN	Agency assigned ID number. Do not use SSN, left justified.
Agency-Optional-ID or Sequence-Number	27	6	AN, N, or P	Agency use. If used the ID/Seq-No in the Detail Warrant Record and the supporting Remittance Advice lines must match the specific payment and audit information.
* Line-No	33	2	N	RA line number; valid values are line '01' to '42' '01' is the first line to be machine printed; Must be ascending. Skipped lines are not printed.
* Det-Amt-Ind	35	1	N	'0' = Detail RA Amount not reconciled to the payment amount. '1' = Detail RA Amount reconciled to the payment amount.
* Detail-RA-Amt	36	6	P	'0' = Det-Amt-Ind reconciliation OFF. '1' = Det-Amt-Ind reconciliation ON. RA payment information (total or subtotal) is required. RA amount can be a positive or negative.
Filler	42	4	AN	Agency use or blank fill
RA-Print-Info	46	62	AN	Agency use. First two lines of print information must include agency name and contact information: address, URL, website, and/or telephone number for inquiry purposes Remaining lines describe the payment. Print info is "free form" formatted by agency. Must be in <u>UPPERCASE</u> .
RA Audit-Info	108	Through 7992	AN	Variable as described by SCO-Audits.

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
6. <u>Detail Remittance Advice (RA) Statement Record (Non-Print Record – 98 Lines)</u>				One record per statement line
<u>Field Name</u>				
* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with the Claim-No of Claim Header Record
<u>Record-Type</u>				
* Trlr-Code	5	1	N	Value '0'
* Detail-Code	6	1	N	Value '1'
* Header-Code	7	1	N	Value '0'
* Zip-Code First 5	8	5	AN	Payee zip code
* Zip-Code last 4	13	4	AN	
* Payee-ID	17	10	AN	Agency assigned ID number. Do not use SSN, left justified.
Agency-Optional-ID or Sequence-Number	27	6	AN, N or P	Agency use. If used the ID/Seq-No in the Detail Warrant Record and the supporting Remittance Advice lines must match the specific payment and audit information.
* Line-No	33	2	N	Non-printed RA lines '98' audit lines. Unlimited number of lines are allowed. Value '98'
* Det-Amt-Ind	35	1	N	'0' = Detail RA Amount not reconciled to the payment amount. '1' = Detail RA Amount reconciled to the payment amount.
* Detail-RA-Amt	36	6	P	'0' = Det-Amt-Ind reconciliation OFF. '1' = Det-Amt-Ind reconciliation ON. RA payment information (total or subtotal) is required. RA amount can be a positive or negative.
Filler	42	4	AN	Agency use or blank fill.
RA-Audit-Info	46	Through 7992	AN	Additional data used to support the payment information.

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7. Claim Total Record

Field Name

* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with the Claim-No of Claim Header Record.

Record-Type

* Trlr-Code	5	1	N	Value '1'
* Detail-Code	6	1	N	Value '0'
* Header-Code	7	1	N	Value '0'
Filler	8	18	AN	Blank fill
* Total-Claim-Detail-Warrant-Record-Cnt	26	9	N	Total number of all Detail Warrant Records for claim with Record-Type '010'; Line-No = '00'; and Det-Amt-Ind = '1'. Must agree with number of warrants on claim schedule.
* Total-Claim-RA-Statement-Record-Cnt	35	11	N	Total number of all RA records for claim with Record-Type '010'; Line-No = '01' through '42' and '98'.
* Total-Claim-Detail-Warrant-Amount	46	15	N	Total dollar amount of all Detail Warrant Records for claim with Record Type = '010', Line-No = '00', and Det-Amt-Ind = '1' Must agree with total on claim schedule.
Filler	61	Through 100	AN	Blank fill

8. File Total Record

Field Name

* Record-ID	1	5	AN	Value '99EOF'
Filler	6	2	AN	Blank fill

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<u>Record-Type</u>				
* File-Total-Rec-Count	8	13	N	Total number of all records <u>except</u> file total record.
* File-Total-Claim-Count	21	5	N	Total number of all claim header records with Record Type = '001'.
* Total-File-Detail-Warrant-Record-Cnt	26	9	N	Total number of all Detail Warrant Records with Record Type = '010'; Line-No = '00'; Det-Amt-Ind = '1'
* Total-File-RA-Statement-Record-Cnt	35	11	N	Total number of all RA records with Record Type = '010'; Line-No = '01' to '42' and '98'.
* Total-File-Detail-Warrant-Amount	46	15	N	Total dollar amount of all Detail Warrant Records for claim with Record Type = '010'; Line-No = '00'; and Det-Amt-Ind = '1'. Must agree with total on claim schedule.
Filler	61	Through 100	N	Blank fill

Minimum record length of all header and trailer records is 100.
 Minimum record length of Detail Warrant Record and Secondary Payee records is 310.
 Minimum record length of Detail Remittance Advice records is 107.
 Maximum record length of all records is 7992.

Legend

- N = Numeric Field (must be right justified)
- AN = Alpha Numeric (must be left justified)
- P = Packed Decimal (Signed 'C' for debits/positive amounts and 'D' for credits/negative amounts)
- * = Required field

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