

Instructions for the completion of the Claim Schedule, Form STD. 218 for Manual Paper Claims:

1. FUND – Enter the fund number that the claim schedule payments will be paid from.
2. SUB. – If applicable, enter the sub fund that the payment will be made from.
3. FUND NAME – Enter the name of the fund.
4. AGENCY NO. – Enter the agency number of agency.
5. AGENCY NAME – Enter the name of the agency.
6. YR. OF STAT. – Enter the year of enactment of the applicable statute.
7. REFERENCE/ITEM – Enter the applicable reference/item code.
8. FFY (Funding Fiscal Year) – Enter the fiscal year of the funding appropriation.
9. CHAPTER – Enter the chapter number, which contains the appropriation information.
10. STATUTES – Enter the reference of the enabling legislation, which authorized information.
11. PURPOSE – Enter a short description of the appropriation purpose.
12. Enter the appropriate applicable account coding information to post the expenditures:
 - Federal Catalog Number
 - SCO Proj. (Federal Project and Character Number)
 - Category Code
 - PGM (Program)
 - ELE. COMP. TASK (Element, Component, Task)
 - General Ledger Account Code
 - RECEIPT/OBJECT (Revenue Code)
 - F/S – Fund Source
 - Amount
 - DESCRIPTION (Optional)

Multiple entries may be made on the claim schedule as long as the agency, fund, fiscal year and reference/item are the same for all the entries. If more than twelve entries are required for a particular claim schedule, more than one claim schedule sheet must be used.

13. SCHEDULE NUMBER – Enter the eight-digit alpha/numeric claim schedule number. Each claim schedule number should be unique for each claim submitted from the submitting agency. Claim schedule numbers should not be reused for a period of at least 1-year.
14. LINE NO. – Enter a sequential numeric line number (starting with number “1”) for each claimant on the claim schedule.
15. P.O. NO. OR C. – This space is used when the claim is against a purchase order or a contract. If the claim is against a purchase order, enter the purchase order number. If the claim is against a contract, enter the letter “C” in this column.
16. CLAIMANT – Enter the name of the person or organization to which the warrant is to be written.
17. AMOUNT – Enter the amount to be paid for each respective claimant.
18. TOTAL OF SCHEDULE – Enter the total of all claims to be paid on the claim schedule.
19. SIGNED – Enter the signature of the state agency representative that is certifying the claim schedule.
20. TITLE – Enter the title of the individual who is certifying the claim schedule in number 19.
21. DATE – Enter the date the claim schedule is signed on number 19.
22. APPROVED (IF REQUIRED) – Enter signature of additional state agency approving officer, if applicable.
23. CONTACT TELEPHONE (OPTIONAL) – Enter telephone number for questions regarding the claim. This field is optional, but can be very helpful if questions arise regarding the claim schedule.

The remaining fields on the claim schedule are used by the State Controller’s Office for processing the claim schedule and should be left blank by the agency submitting the claim.