

**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-ID	11	4	AN	4 digit-left justify: Zero fill uniform agency code. Source: Uniform Codes Manual, Department of Finance.
Filler	15	86	AN	
2. <u>Claim Header Record</u>				
<u>Field Name</u>				
* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	A 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	
* 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	
* Claim-ID	21	10	AN	Provided by SCO-Audits after approval of payment system.
Filler	31	70	AN	
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.

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
3. <u>Detail Warrant Record Continued</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	8	9	AN	Payee zip code; left justify; must not be blank; must contain zip code or zero fill. If 5 digit zip, left justify and leave remaining 4 digits blank. Zero fill all 9 bytes if zip is not available or foreign country.
* Payee-ID	17	10	AN	SSA number or other agency assigned ID number, left justify blank.
Seq-No.	27	5	AN, N, or P	Agency use.
Bank Code (*optional)	32	1	AN	Values 'A' through 'Z' optional use for direct bank deposits. Bank code is the last character of "Seq-No".
* 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	For use by agency, or leave blank.
* Payee-Name	46	30	AN	Warrant drawn in favor of payee.
Filler	76	5	AN	Blank-Not used.
Address-Line 1	81	30	AN	If warrants are to be mailed to payee, than either
Address-Line 2	111	30	AN	address line 1 or 2 must not be blank.
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	Leave blank.
Filler	218	33	AN	
WR-Audit-Info	251	Up to 7741	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>
4. <u>Secondary Payee Record</u>				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.
<u>Field Name</u>				
* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with 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	8	9	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).
* Payee-ID	17	10	AN	SSA number or other agency assigned ID number.
Seq-No.	27	5	AN, N, or P	Agency use.
Bank Code (*optional)	32	1	AN	Values 'A' through 'Z' optional use for direct bank deposits. Bank code is the last character of "Seq-No".
* Line-No	33	2	N	Value '00'
* Det-Amt-Ind	35	1	N	Value '2'
* 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	For agency use, or leave blank.
* Payee-Name	46	30	AN	Party to be notified (usually county auditor).
Filler	76	5	AN	

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4. <u>Secondary Payee Record (Continued)</u>				
Address-Line 1	81	30	AN	Address of party to be notified, either line 1 or line 2 must not be blank.
Address-Line 2	111	30	AN	
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	50	AN	
SP-Audit-Info	251	Up to 7741	AN	Variable as described by SCO-Audits.
5. <u>Detail Remittance Advice (RA) Statement Record</u>				
				One record per printed statement line. Maximum 42 lines of 62 characters of printed info.
<u>Field Name</u>				
* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with 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	8	9	AN	
* Payee-ID	17	10	AN	SSA number or other agency assigned ID number
Seq-No.	27	5	AN, N, or P	Agency use
Bank Code (*optional)	32	1	AN	Values 'A' through 'Z' optional use for direct bank deposits. Bank code can be added to the last character of "Seq-No".
* Line-No	33	2	N	Remittance Advice line number; valid values are line 1 to 42; line number 1 is the first line to be machine printed; must be ascending. Skip lines not printed.

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5. <u>Detail Remittance Advice (RA) Statement Record (continued)</u>				
* Det-Amt-Ind	35	1	N	'0' = No RA detail amount present; '1' = detail RA amount present therefore adds and compares to warrant amount.
* Detail-RA-Amt	36	6	P	RA shows payment information (total or subtotal); required if Det-Amt-Ind = '1'. Zero fill if Det-Amt-Ind is off = '0'.
Filler	42	4	AN	For agency use, or leave blank.
RA-Print-Info	46	62	AN	For agency use to describe payment to payee: must include agency name, address, and telephone number for inquiry purposes. Print info is "free form" formatted by agency. Must be in <u>UPPERCASE</u> .
RA-Audit-Info	108	Up to 7884	AN	Variable as described by SCO-Audits.
6. <u>Claim Total Record</u>				
<u>Field Name</u>				
* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with Claim-No of Claim Header Record.
<u>Record-Type</u>				
* 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	
* Warr-Rec-Count	26	9	N	Total number of all detail warrant records for claim with "Record-Type 010 line-no = 00, Det-Amt-Ind = '1' S9(9). Should agree with number of warrants on claim schedule.
* RA-Rec-Count	35	11	N	Total number of all RA records for claim with "Record-Type 010 Line-No-01 Through 42 (RA records)" S9(11).

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6. <u>Claim Total Record (continued)</u>				
* Total-Warr-Amt	46	15	N	Total dollar amount of all detail warrant records for claim with "Record Type = 010, line-no = 00, Det-Amt-Ind = 1" S9(13)v99. Should agree with total on claim schedule.
Filler	61	40	AN	Blank fill.
7. <u>File Total Record</u>				
<u>Field Name</u>				
* Record-ID	1	5	AN	Value '99EOF'
Filler	6	2	AN	
* Total-Rec-Count	8	13	N	Total number of all records <u>except</u> file total record S9(13).
* Claim-Count	21	5	N	Total number of all claim header records with Record Type = 001 S9(5).
* Warr-Rec-Count	26	9	N	Total number of all detail warrant records with Record Type = 010 Line-No = 00 Det-Amt-Ind = 1 S9(9).
* RA-Rec-Count	35	11	N	Total number of all RA records with Record Type = 010 Line-No = 01 to 42 S9(11).
* Total-Warr-Amt	46	15	N	Total dollar amount of all detail warrant records for claim with Record Type =010, Line-No = 00, Det-Amt-Ind = 1 S9(13)v99.
Filler	61	40	AN	Blank fill.

Minimum length of all header and trailer records are 100.

Minimum length of detail warrant record and secondary payee records are 250.

Minimum length of detail remittance advice record is 107.

Maximum length is 7992.

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