CLAIM AGAINST AN AGENCY OF THE STATE OF KANSAS FOR SERVICES RENDERED OR PURCHASES MADE IN A PRIOR FISCAL YEAR FOR WHICH PAYMENT HAS NOT BEEN RECEIVED

INSTRUCTIONS

- 1. This form is to be used for claims not exceeding \$5,000.
- 2. Print or type the requested information below.
- 3. Have the claim statement notarized.
- 4. Return the completed form and an itemized statement or invoice to the purchasing state agency within six months after the date that the service was rendered or the purchase was made.
- 5. NOTICE: A completed W-9 must be on file to process your claim. If the claimant is not already an established vendor (business or individual) with the State of Kansas, a completed W-9 must be provided before a claim can be processed. The W-9 form can be obtained at the following website: <u>http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3</u>. "Vendor" is a term used for anyone or any entity being paid through the state accounting system (SMART). Contact the purchasing state agency to verify whether you are an established vendor.

NOW, On this the _____ day of _____, 20___, comes the undersigned and makes claim against the

_____ in the amount of \$______ for

(Name of State Agency)

services rendered to or purchases made by said agency as itemized on the attached statement or invoice, which is made a part of this claim. The undersigned further states that payment has not been made for the services or goods covered by this claim. It is further understood that payment of this claim shall be final and conclusive and shall constitute a complete release of any claim against the State of Kansas.

Name of Person or Firm	
Street, R.F.D. Address	
City, State and Zip Code	
Social Security No./Taxpayer ID No.	
Signature	
STATE OF KANSAS,)
COUNTY OF) SS:)

_____, being first duly sworn, has read the above and (Name of Claimant)

foregoing claim and knows the contents thereof and the same are true and correct.

(Signature of Claimant)

Subscribed and sworn to before me, a Notary Public, this ______ day of ______ day of ______

(Notary Public)