

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

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
<b>1. <u>File Header Record</u></b>				
<b><u>Field Name</u></b>				
* 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 8006	AN	Blank fill
<b>2. <u>Claim Header Record</u></b>				
<b><u>Field Name</u></b>				
* 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.
<b><u>Record-Type</u></b>				
* 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).

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Filler	31	Through 8006	AN	Blank fill

**3. Detail Warrant 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 '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	Agency use
* Line-No	33	2	N	Value '00'
* Det-Amt-Ind	35	1	N	Value '1'
* SCO-Internal-Use	36	2	AN	Value '00', SCO Internal Use Only
* Warrant-Amt	38	11	AN	Payment amount with decimal point. Must be greater than \$0, but not more than \$99,999,999.99. Right justified, zero fill, no commas, or \$.
Filler	49	4	AN	Agency use or blank fill.
* Payee-Name	53	30	AN	Warrant drawn in favor of payee.

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
Filler	83	5	AN	Blank fill
Address-Line 1	88	30	AN	If warrants are to be mailed to payee, than either address lines 1 or 2 must not be blank.
Address-Line 2	118	30	AN	See Address Line 1
Address-Line 3	148	30	AN	Do not include zip code here, unless foreign country.
Address-Line 4	178	30	AN	Do not include zip code here, unless foreign country.
* Reportable Code	208	1	AN	Value '0', must not be blank.
SCO-Internal-Use	209	23	AN	Blank fill, SCO Internal Use Only
Filler	232	86	AN	Blank fill
Audit-Info	318	Through 8006	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 the 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	

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
* 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 '2' for this record
* SCO-Internal-Use	36	2	AN	Value '00', SCO Internal Use Only
* Warrant-Amt	38	11	AN	Payment amount with decimal point. Must be greater than \$0, but not more than \$99,999,999.99. Right justified, zero fill, no commas, or \$.
Filler	49	4	AN	Agency use or blank fill.
* Payee-Name	53	30	AN	Party to be notified (Auditor Controller).
Filler	83	5	AN	Blank fill
Address-Line 1	88	30	AN	Address of party to be notified, either line 1 or line 2 must not be blank.
Address-Line 2	118	30	AN	See Address Line 1
Address-Line 3	148	30	AN	<u>MUST</u> include zip code of party to be notified.
Address-Line 4	178	30	AN	
Filler	208	110	AN	Blank fill
SP-Audit-Info	318	Through 8006	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  
information.

**Field Name**

* Record-Code	1	2	N	Value '05'
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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
* Claim-No	3	2	N	That value associated with the Claim-No of Claim Header Record
<b><u>Record-Type</u></b>				
* 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	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 '01' through '42' '01' is the first line to be machine printed. Must be ascending. Skip lines not printed.
* Det-Amt-Ind	35	1	N	'0' = No RA detail amount present; '1' = Detail RA amount present therefore adds and compares to warrant amount.
* SCO-Internal-Use	36	2	AN	Value '00', SCO Internal Use Only
* Detail-RA-Amt	38	11	AN	'0' = Det-Amt-Ind is OFF - zero fill. '1' = Det-Amt-Ind is ON - RA shows payment information (total or subtotal) is required. Right justified, zero fill, no commas or \$.
Filler	49	4	AN	Agency use or blank fill.

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
RA-Print-Info	53	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	115	Through 8006	AN	Variable as described by SCO-Audits.
<b>6. <u>Detail Remittance Advice (RA) Statement Record (Non-Print Record – 98 Lines)</u></b>				One record per statement line.
<b><u>Field Name</u></b>				
* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with the Claim-No of Claim Header Record
<b><u>Record-Type</u></b>				
* 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	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

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
* Line-No	33	2	N	Non-printed RA '98' lines Must follow, at a minimum, Line-No '01' & '02' (these lines contain agency contact information), or at a maximum include Line-No '01' through '42'. Valid value is '98'.
* Det-Amt-Ind	35	1	N	'0' = No RA detail amount present; '1' = Detail RA amount present therefore adds and compares to warrant amount.
* SCO-Internal-Use	36	2	AN	Value '00', SCO Internal Use Only
Detail-RA-Amt	38	11	AN	'0' = Det-Amt-Ind is OFF - zero fill. '1' = Det-Amt-Ind is ON - RA shows payment information (total or subtotal) is required. Right justified, zero fill, no commas or \$.
Filler	49	4	AN	Agency use, or blank fill.
RA-Audit-Info	53	Through 8006	AN	Additional audit data used to support the payment information

**7. Claim Total Record**

* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	Value associated with the Claim–No of Claim Header Records

**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'; Det-Amt-Ind = '1'. Must agree with the number of warrants on the claim schedule.

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
* Total-Claim-RA-Statement-Record-Cnt	35	11	N	Total number of all RA Statement Records for claim with Record-Type = '010', Line-No = '01' through '42' and '98'
* Total-Claim-Detail-Warrant-Amount	46	16	AN	Total dollar amount of all Detail Warrant Records for claim with Record Type = '010', Line-No = '00', Det-Amt-Ind = '1'. Byte 59 must be hardcoded with a decimal. Must agree with total on claim schedule. Zero fill.
Filler	62	Through 8006	AN	Blank fill

**8. File Total Record**

**Field Name**

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

**Record-Type**

* 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'. Must agree with number of payments on claim schedule
* Total-File-RA-Statement-Record-Cnt	35	11	N	Total number of all RA Statement Records with Record Type = '010', Line-No = '01' through '42' and '98'.
* Total-File-Detail-Warrant-Amount	46	16	AN	Total dollar amount of all Detail Warrant Records for claim with Record Type = '010', Line-No = '00', Det-Amt-Ind = '1'. Byte 59 must be hard coded with a decimal. Must agree with total on claim schedule. Zero fill.

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Filler	62	Through 8006	AN	Blank fill

Maximum record length of all records is 8006.  
In fixed block format all records are the same length.

Legend

- N = Numeric Field (must be right justified)
- AN = Alpha Numeric (must be left justified)
- \* = Required field