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

Record Name	Start	Length	Type	Description/Values
1. **File Header Record**				
Field Name				
* 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
2. **Claim Header Record**				
Field Name				
* 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.
Record-Type				
* 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).

Record Name	Start	Length	Type	Description/Values
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.
* Zip-Code Last 4	13	4	AN	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.
* 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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Record Name	Start	Length	Type	Description/Values
Filler	83	5	AN	Blank fill
Address-Line 1	88	30	AN	If warrant is to be mailed to the payee the address must be populated. If 'care of' information is reserved for line 1 and left blank, then line 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

Field Name	Start	Length	Type	Description/Values
* 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

Field Name	Start	Length	Type	Description/Values
* 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
* Zip-Code Last 4	13	4	AN	

Record Name	Start	Length	Type	Description/Values
				in address field for secondary payee address (County Auditor).
* 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 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	118	30	AN	See Address Line 1
Address-Line 3	148	30	AN	MUST 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.

Record Name	Start	Length	Type	Description/Values
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'
* 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
* Zip-Code Last 4	13	4	AN	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.
* 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' = Detail RA Amount not reconciled to the payment amount. '1' = Detail RA Amount reconciled to the payment amount.
* SCO-Internal-Use	36	2	AN	Value '00', SCO Internal Use Only

Record Name	Start	Length	Type	Description/Values
* Detail-RA-Amt	38	11	AN	'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. Right justified, zero fill, no commas or $.
Filler	49	4	AN	Agency use or blank fill.
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 UNDERLINE_UPPERCASE.
RA-Audit-Info	115	Through 8006	AN	Variable as described by SCO-Audits.

6. **Detail Remittance Advice (RA) Statement Record (Non-Print Record – 98 Lines)**   One record per statement line.

Field Name

	Start	Length	Type	
* 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

	Start	Length	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	

Record Name	Start	Length	Type	Description/Values
* 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	Non-printed RA lines '98' audit lines. Unlimited number of lines are allowed. Value is '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.
* SCO-Internal-Use	36	2	AN	Value '00', SCO Internal Use Only
Detail-RA-Amt	38	11	AN	'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. 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

Record Name	Start	Length	Type	Description/Values
* 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.
* 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

Field Name	Start	Length	Type	Description/Values
* Record-ID	1	5	AN	Value '99EOF'
Filler	6	2	AN	Blank fill

Record-Type

Record-Type	Start	Length	Type	Description/Values
* File-Total-Rec-Count	8	13	N	Total number of all records except 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'.

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Record Name	Start	Length	Type	Description/Values
* 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.
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

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