

**INSTRUCTIONS FOR ALABAMA STATE BOARD OF ADJUSTMENT  
VENDOR'S CLAIM FOR PAYMENT**

[www.bdadj.alabama.gov](http://www.bdadj.alabama.gov)

**NOTE: Claims must be presented to the Alabama State Board of Adjustment within one year after the date of the accrual. Each question must be answered. If all questions are not answered, the claim will not be accepted. Forms must be printed in ink or typed. All supporting documentation must be submitted on 8 ½ x 11 paper front side only.**

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Claim forms must be accompanied by all of the required documentation or your claim will be returned requesting further information. Any delays could cause the dismissal of your claim.

• **MAIL COMPLETED FORMS TO:**

Alabama State Board of Adjustment  
600 Dexter Avenue, Suite E-302  
Montgomery, AL 36104

• **FORMS MAY BE DELIVERED TO:**

Alabama State Board of Adjustment  
State Capitol Building, Suite E-302  
Montgomery, Alabama

• Telephone Numbers: (334) 242-7175 Fax: (334) 242-2008

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1. Enter the name of the State Agency you are filing your claim against. (Example: Department of Transportation, Department of Education, etc.)
2. Enter your company's information. Enter the Company Name, Address, Telephone Number(s), Email Address, last four digits of your Social Security Number or FEIN if a business. Claims without the last four digits cannot be processed and will be returned to the Claimant.
3. If you have an attorney, enter your attorney's information. (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)
4. **Facts of the Claim:**
  - A. Enter the date the account was due to be paid according to payment terms.
  - B. Enter the last date service was provided or goods were delivered.
  - C. Enter a statement of facts describing the goods or services sold, terms of payment, the agency's reason for not paying the debt. Attach a copy of purchase orders, invoices, contracts, work orders, communications with agency regarding payment, and all other documentation that relates to the claim.
5. Enter the GRAND TOTAL amount you are claiming. (Documentation to verify the amount claimed must be attached.)
6. Sign the claim form in the presence of a Notary Public, print your name and have the notary complete the verification section of the claim form.

**ALABAMA STATE BOARD OF ADJUSTMENT  
VENDOR'S CLAIM FOR PAYMENT**

See Page 1 of this form for instructions. Each number on the form corresponds with numbers on instruction sheets. Read all instructions carefully to ensure your claim is not returned for additional supporting documentation. See INSTRUCTIONS for mailing or hand delivering this form to the Board of Adjustment (Page 1).

**DO NOT WRITE IN THIS SPACE. FOR BOARD OF ADJUSTMENT USE ONLY.**

**Claim No.:** \_\_\_\_\_

1. Enter the Name of the Department or Agency of the State of Alabama against which you are making this claim:

\_\_\_\_\_

2. Enter your Name, Mailing Address, E-mail Address, Contact Telephone Number(s) and Social Security # or FEIN:

Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Office Telephone No.: \_\_\_\_\_

Cellular Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Claimant's Last Four Digits of Social Security No. or last four digits of Business FEIN:

XXX-XX-\_\_\_\_ or XX-XXX\_\_\_\_\_

Claimant's Attorney: (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)

Attorney Name: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Office Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

3. Facts of Claim:

A. Date account was due to be paid according to payment terms: \_\_\_\_\_

B. Last date service was provided or goods were delivered: \_\_\_\_\_

C. Statement of Facts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claimant's Name \_\_\_\_\_

4. **GRAND TOTAL AMOUNT FOR THIS CLAIM:** \_\_\_\_\_

5. Signature of Claimant/Authorized Representative: \_\_\_\_\_

Please Print Name \_\_\_\_\_

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**VERIFICATION**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

Before me, a Notary Public in and for said state and county, personally appeared the person whose name is signed above who being made known to me and being duly sworn to give true testimony, affirmed that all of the above stated facts are true and correct.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**AFFIX SEAL**

Signature of Notary Public \_\_\_\_\_

Printed Name \_\_\_\_\_