

INSTRUCTIONS FOR ALABAMA DEPARTMENT OF TRANSPORTATION (ALDOT)

VENDOR'S CLAIM FOR PAYMENT AGAINST ALDOT

NOTE: Claims must be presented 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.

Please Note: The claims process may take several months to complete.

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.

Please fill out the attached Vendor's Claim for Payment and file it as directed below.

CLAIMS \$5,000.00 OR LESS

CLAIMS GREATER THAN \$5,000.00

MAIL COMPLETED FORMS TO:

MAIL COMPLETED FORMS TO:

Alabama Department of Transportation
Legal Bureau
1409 Coliseum Boulevard
Montgomery, AL 36110

Alabama State Board of Adjustment
600 Dexter Avenue, Suite E-302
Montgomery, AL 36130-1435

FORMS MAY BE E-MAILED TO:

claims@dot.state.al.us

FORMS MAY BE DELIVERED TO:

FORMS MAY BE DELIVERED TO:

Legal Bureau
1409 Coliseum Boulevard
Montgomery, AL 36110
Telephone Number: (334) 242-6350
Fax: (334) 264-4359

Alabama State Board of Adjustment
State Capitol Building, Suite E-302
Montgomery, AL 36130
Telephone Number: (334) 242-7175
Fax: (334) 242-2008

1. Identify whether your claim is greater or less than \$5,000.
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.
7. Complete a current W-9. Completion of the W-9 will expedite payment of your claim in the event the Department pays your claim. You can find a current W-9 form on the IRS website at <https://www.irs.gov/forms-pubs/about-form-w-9>.

ALABAMA DEPARTMENT OF TRANSPORTATION (ALDOT)
VENDOR'S CLAIM FOR PAYMENT FROM ALDOT

See Page 1-2 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. (Page 1).

DO NOT WRITE IN THIS SPACE. FOR ALDOT USE ONLY.

Claim No.: _____

1. Please check whether your claim is: \$5,000.00 or less greater than \$5,000.00

2. Claimant's Information:

Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____ E-mail _____

Home Telephone No.: _____ Work No.: _____

Cellular Telephone No.: _____ Fax No.: _____

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

SSN: XXX-XX-____ FEIN: XX-XXX _____

If injured party is a minor (under 19 years of age), claim must be signed and filed by parent or guardian as claimant. Give name and age of minor and the name and relationship of person with whom minor lives.

Name of Minor: _____ Age of Minor: _____

Name of Person with whom Minor Lives: _____

Relationship of Person to Minor: _____

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

Attorney Name: _____

Street Address of P.O. Box: _____

City, State, Zip Code: _____

E-mail Address: _____

Office Telephone No.: _____ Fax No.: _____

4. Facts of Claim:

A. Date account was due to be paid according to payment terms (mm/dd/year): _____

B. Last date service was provided or goods were delivered (mm/dd/year): _____

C. Statement of Facts: _____

5. GRAND TOTAL AMOUNT FOR THIS CLAIM: \$ _____

Claimant's Name _____

Signature of Claimant/Authorized Representative: _____

Please Print Name _____

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 _____