

**DATA ELEMENT DESCRIPTION ASCII EFT  
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-ID	11	4	AN	4 digit-left justify: Zero fill uniform agency code. Source : Uniform Codes Manual, Department of Finance.
System Identification	15	5	AN	Value 'EFTTC'
Filler	20	Through 8006	AN	
<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	
* 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	
* Claim-ID	21	10	AN	Provided by SCO-Audits after approval of payment system.
Filler	31	Through 8006	AN	
<b>3. <u>Detail Payment Record</u></b>				
<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.

**NOTE:**

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
<b>3. <u>Detail Payment Record (continued)</u></b>				
<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 justify; must not be blank; must contain zip code or zero fill. If 5 digit zip, left justify 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	SSA number or other agency assigned ID number, left justify blank.
Seq-No.	27	5	AN, N	Agency use.
Bank Code (*optional)	32	1	AN	Values 'A' through 'Z' optional use for direct bank deposits. Bank code can be added to the last character of "seq-no".
* Line-No	33	2	N	Value '00'
* Det-Amt-Ind	35	1	N	Value '1'
* SCO Internal Use	36	2	AN	Zero fill, SCO Internal Use Only
* Payment-Amt	38	11	AN	Payment amount with decimal point. Must be greater than \$0, but not more than \$99,999,999.99 (exception-prenotes must be \$0). Right justify, zero fill, no commas, or \$.
Filler	49	4	AN	For use by agency, or leave blank.
* Payee-Last Name	53	20	AN	Payments made in favor of payee
* Payee-First Name	73	9	AN	
* Payee-Middle Int	82	1	AN	
Filler	83	5	AN	Blank-Not used.
Address-Line 1	88	30	AN	
Address-Line 2	118	30	AN	
Address-Line 3	148	30	AN	
Address-Line 4	178	30	AN	
* Reportable Code	208	1	AN	Value '0', must not be blank.
SCO Internal Use	209	16	AN	Leave blank.

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**3. Detail Payment Record (continued)**

**EFT Information**

Trans Code	225	2	AN	Credits (22 - checking, 32 - savings) Debits (27 - checking, 37 - savings) Prenotes (23 - checking, 33 - savings)
Transit Routing Code	227	8	N	9 digit which includes check digit
Check Digit	235	1	N	
DFI Account No.	236	17	AN	
Filler	253	5	AN	
Audit-Info	258	Through 8006	AN	Variable as described by SCO-Audits

**4. Secondary Payee 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 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	
* Payee-ID	17	10	AN	SSA number or other agency assigned ID number.
Seq-No.	27	5	AN, N	Agency use.
Bank Code (*optional)	32	1	AN	Values 'A' through 'Z' optional use for direct bank deposits. Bank code can be added to the last character of "seq-no"
* Line-No	33	2	N	Value '00'
* Det-Amt-Ind	35	1	N	Value '2' for this record.
* SCO Internal Use	36	2	AN	Zero fill, SCO Internal Use Only

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
<b>4. <u>Secondary Payee Record (continued)</u></b>				
* Payment-Amt	38	11	AN	Payment amount with decimal point. Must be greater than \$0 but no more than \$99,999,999.99 (exception- prenotes must be \$0). Right justify, zero fill, no commas, or \$.
Filler	49	4	AN	For agency use, or leave blank.
* Payee-Last Name	53	20	AN	Party to be notified (usually county auditor).
* Payee-First Name	73	9	AN	
* Payee-Middle Int	82	1	AN	
Filler	83	5	AN	
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	
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	50	AN	
SP-Audit-Info	258	Through 8006	AN	Variable as described by SCO-Audits.
<b>5. <u>Detail Statement Record</u></b>				
One record per printed statement line. Maximum 42 lines of 62 characters of printed information.				
<b><u>Field Name</u></b>				
* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with 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 justify; must not be blank; must contain zip code or zero fill. If 5 digit zip, left justify 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	SSA number or other agency assigned ID number
Seq-No.	27	5	AN, N	Agency use

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
<b>5. <u>Detail Statement Record (continued)</u></b>				
Bank Code (*optional)	32	1	AN	Values 'A' through 'Z' optional use for direct bank deposits. Bank code can be added to the last character of "Seq-No".
* Line-No	33	2	N	Statement line number; valid values are line 1 to 42; line number 1 is the first line to be machine printed; must be ascending. Skip line are not printed.
* Det-Amt-Ind	35	1	N	0' = No statement detail amount present; '1' detail statement amount present therefore adds and compares to payment amount or '3' = EFT that adds and compares to claim schedule.
* SCO Internal Use	36	2	AN	Zero fill, SCO Internal Use Only
* Detail Statement Amount	38	11	AN	Statement line shows payment information (total or subtotal); required if Det-Amt-Ind='1'. Zero fill if Det-Amt-Ind is off = '0'. Right justify, zero fill, no commas, or \$.
Filler	49	4	AN	For agency use, or leave blank.
Statement-Print-Info	53	62	AN	For agency use to describe payment to payee: must include agency name, address, and telephone number for inquiry purposes. Print info is "free form" formatted by agency. Must be in <u>UPPERCASE</u> .
Statement-Audit Info	115	Through 8806	AN	Variable as described by SCO-Audits.
<b>6. <u>Claim Total Record</u></b>				
<b><u>Field Name</u></b>				
* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with Claim-No of Claim Header Record.
<b><u>Record-Type</u></b>				
* 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	

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<b>6. <u>Claim Total Record (continued)</u></b>				
* Total Claim Credit/Debit Record Amount	26	9	N	Total number of all detail payment records for claim with "Record-Type 010 Line-No = 00, Det-Amt-Ind = 1". Should agree with number of payments on claim schedule.
* Total Claim Stmt. Record Count	35	11	N	Total number of all statement records for claim with "Record-Type 010 Line-No-01 Through 42 (statement record)".
* SCO Internal Use	46	3	AN	Zero fill, SCO Internal Use Only
* Total Claim Credit Amount	49	13	AN	Total dollar amount of all detail payment records for claim with "Record Type = 010, Line-No = 00, Det-Amt-Ind = 1". Byte 59 must be hard coded with a decimal. Should agree with total on claim schedule. Claim Credit amount cannot exceed \$9,999,999,999.99. Zero fill.
Filler	62	Through 8006	AN	Blank fill.
<b>7. <u>File Total Record</u></b>				
<b><u>Field Name</u></b>				
* Record-ID	1	5	AN	Value '99EOF'
Filler	6	2	AN	
* Total-Rec-Count	8	13	N	Total number of all records <u>except</u> file total record.
* Claim-Count	21	5	N	Total number of all claim header records with Record Type = 001.
* Total File Credit/Debit Record Count	26	9	N	Total number of all detail payment records with Record-Type = 010 Line-No = 00 Det-Amt-Ind = 1.
* Total File Stmt. Record Count	35	11	N	Total number of all statement records with Record-Type = 010 Line-No = 01 to 42.

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
<b>7. <u>File Total Record (continued)</u></b>				
SCO Internal Use	46	3	AN	Zero fill, SCO Internal Use Only
* Total File Credit Amount	49	13	AN	Total dollar amount of all detail payment records for claim with "Record-Type=010, Line-No=00, Det-Amt-Ind=1". Byte 59 must be hard coded with a decimal. Should agree with total on claim schedule. File Credit amount cannot exceed \$9,999,999,999.99. Zero fill.
Filler	62	Through 8006	AN	Blank fill.

Files are Fixed Block with a record length of 8006.

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