ARKANSAS STATE CLAIMS COMMISSION -Claim Form-

D.01c

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

1. Claimant's Legal Counsel - proceed to section 2)	(If representing yourself (Pro Se) please check this box and				
proceed to section 2)					ansas
(last name)	(first name)		(email)		ne Commission
	(mot name)		(email)		1 2027
(address)	(city)	(state)	(zip)	(primary phone)C	EIVED
Arkansas Bar Number:	If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.				
2. Claimant(s) Carl Zeiss Meditec Inc.					
(title/last name/first name or co	mpany)	(6	email)		
1 North Broadway, Suite 1501	White Plains	NY	10601		
(address)	(city)	(state)	(zip)	(primary phone)	
3. State Agency Involved: (must has no jurisdiction over county, o			he Arkansas	Claims Commission	
Arkansas Department of Finance	and Administration	า			
(state agency involved)					
4. Incident Date					
8/1/2021					
5. Claim Type					
Reissuance of Warrant					
Please provide a brief explanation additional statements to this form		dditional spa	ce is required	please attach	
This claim is being filed for the rei Zeiss Meditec Inc. in the amount o This warrant was not presented to period.	of \$20,550.00 payal	ble from AR D	ept. of Financ	ce and Administration.	
Warrant or necessary papers for rof this complaint.	eissuing lost warra	nt(s)/check(s)	is/are attach	ed to and made a part	
Completed paperwork for reissual	nce of this warrant	was received	in this office	on July 15, 2022.	
5a. Check here if this claim involv	ves damage to a mo	otor vehicle.			
5b. Check here if this claim involv	ves damage to prop	perty other th	nan a motor v	ehicle.	
All property damage claims requi motor vehicle at the time of dama		nsurance dec	arations cove	ring the property or	
did not have insurance covering i	my property/motor	vehicle at th	e time of dam	age.	

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

CARL ZEISS MEDITEC INC.

CLAIMANT

V.

CLAIM NO. 230062

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION

RESPONDENT

ORDER

This claim was filed by Carl Zeiss Meditec Inc. (the "Claimant") requesting reissuance of outdated warrant no. 201060862 (the "Warrant") in the amount of \$20,550.00 payable from Arkansas Department of Finance and Administration. The Warrant is still outstanding, and no duplicate has been issued.

The Arkansas State Claims Commission (the "Claims Commission") unanimously allows this claim in the amount of \$20,550.00 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.

Lewy C. Kinslow

ARKANSAS STATE CLAIMS COMMISSION

Courtney Baird
Dexter Booth
Henry Kinslow, Co-Chair
Paul Morris, Co-Chair
Sylvester Smith

DATE: August 24, 2022

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).