

201209

C.03

ARKANSAS STATE CLAIMS COMMISSION
Phone # 682-1619 Fax # 682-2823
NOTICE OF LOST/ OUTDATED WARRANT(S)

PART I

The records of the Department of Finance and Administration of Arkansas, Phone # 682-4778,
Agency Arkansas State Claims Commission
Agency Address 1816 W 7th Street, Room 2250, Little Rock, AR 72203
reflect the Morgan Stanley Smith Barney Holdings LLC
Payee/Payees
1221 Avenue of the Americas 3rd Floor, New York
Payee's Address City
NY, 10020, was/were issued
State Zip Code
State Warrant number: [REDACTED] dated: 05/15/18,
in the amount of \$ 87,001.64, the same being in payment
of Voucher No. [REDACTED] Agency No. [REDACTED],
Appropriation No. [REDACTED], Character Code [REDACTED],
Fund Code [REDACTED], Social Security No. _____, or
if corporation-Federal Tax ID No. [REDACTED],
Business Area [REDACTED] Fund Code [REDACTED] Cost Center Group [REDACTED] Fund Center [REDACTED].

Scott D Fryer, Assistant Administrator
Agency Disbursing Officer's Full Name (Please Print)

Scott Fryer

Agency Disbursing Officer's Signature

STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

PART II

I/We, _____, state that:

Name(s)

- _____ 1. I/We received and lost.
- _____ 2. I/We did not receive, endorse nor cash.
- _____ 3. I/We have not authorized another person to
sign my/our name(s) to the warrant.
- _____ 4. I/We have no knowledge of the whereabouts of the warrant or
of any other person having received, cashed or endorsed the warrant.
- _____ 5. When this warrant was presented for payment, the endorsement was a forgery.

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

June 26, 2020

Morgan Stanley Smith Barney Holdings LLC
1221 Avenue of the Americas, 3rd Floor
New York, New York 10020

RE: **Claim No. 201209** – Reissuance of Check No. [REDACTED]

To Whom It May Concern,

The Claims Commission received notification from the Arkansas Department of Finance and Administration that a check issued to you by the State of Arkansas was not deposited within 180 days of issuance. That check is now considered stale or out-of-date.

The Claims Commission processes the reissuance of out-of-date checks for the State of Arkansas.

In order to have the above-referenced check reissued, we need you to complete the enclosed form. Please review the enclosed form for correctness and, once you approve it, sign the complaint in the presence of a Notary Public and return it to our office to be processed.

It generally takes six to eight weeks for a new check to be reissued once we receive the enclosed form.

If you have any questions, please call and ask to speak with Maritza Haynes or me.

Sincerely,

Kathryn Irby

ES: mshaynes

Enclosure

ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants

Date: 6/25/2020

Warrant:



Name of Payee: Morgan Stanley Smith Barney Holdings LLC

Amount: \$87,001.64

Upon checking with Hunter of AOS/Data Processing Division, I was informed that this warrant was voided, and no duplicate warrant had been issued. We also checked our (Claims Commission) records to verify that there has been no reissuance by this office and there was none.

MSH

MAY 28 2022

RECEIVED

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

☐ Mr.
☐ Mrs.
☐ Ms.
☐ Miss **Morgan Stanley Smith Barney Holdings LLC**

Claimant

vs.

State of Arkansas, Respondent
AR Dept. of Finance & Administration

| Do Not Write in These Spaces | | |
|------------------------------|------------|--------------|
| Claim No. | | |
| Date Filed | (Month) | (Day) (Year) |
| Amount of Claim \$ | 587,001.64 | |
| Fund | DFA/RD | |

COMPLAINT

Reissuance of Warrant (Check)

Morgan Stanley Smith Barney Holdings LLC 1221 Ave. of the Americas, 3rd Flr, NY, NY 10020

(Name)

(Street or R.F.D. & No.)

(City)

(State) (Zip Code) (Daytime Phone No.)

County of

represented by

(Legal Counsel, if any, for Claimant)

of

(Street and No.)

(City)

(State)

(Zip Code)

(Phone No.)

(Fax No.)

agent

State agency involved:

Amount sought:

Month, day, year and place of incident or service:

Explanation: This claim is being filed for the reissuance of warrant dated 04-10-19 payable to Morgan Stanley Smith Barney Holdings LLC in the amount of \$87,001.64 payable from AR Dept. of Finance & Administration. This warrant was not presented to the state treasurer for redemption during the legal redemption period.

Warrant or necessary papers for reissuing lost warrant(s)/check(s) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on March 4, 2021.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof?

No ; when? N/A ; to whom? N/A ; and that the following action was taken thereon: N/A (Department)

and that \$ N/A was paid thereon: (2) Has any third person or corporation an interest in this claim? No ; if so, state name and address

(Name) N/A (Street or R.F.D. & No.) (City) (State) (Zip Code)

and that the same thereon is as follows: N/A ; and was acquired on N/A ; in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

Joe Spallone

(Print Claimant/Representative Name)

Joe Spallone

(Signature of Claimant/Representative)

SWORN TO and subscribed before me at

New York

NY

on this

17th

day of

May

2022

(Date)

(Month)

(Year)

(Notary Public)

My Commission Expires:

January

16

2023

(Month)

(Day)

(Year)

(SEAL)

Terence M. Avella
NOTARY PUBLIC STATE OF NEW YORK
Registration No. 02AW6081766
Qualified in Westchester County
Commission Expires January 10, 2023

██████████
ARKANSAS STATE CLAIMS COMMISSION
101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, AR 72201-3823



ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

June 26, 2020

Morgan Stanley Smith Barney Holdings LLC
1221 Avenue of the Americas, 3rd Floor
New York, New York 10020

RE: **Claim No. 201209** – Reissuance of Check No. [REDACTED]

To Whom It May Concern,

The Claims Commission received notification from the Arkansas Department of Finance and Administration that a check issued to you by the State of Arkansas was not deposited within 180 days of issuance. That check is now considered stale or out-of-date.

The Claims Commission processes the reissuance of out-of-date checks for the State of Arkansas.

In order to have the above-referenced check reissued, we need you to complete the enclosed form. Please review the enclosed form for correctness and, once you approve it, sign the complaint in the presence of a Notary Public and return it to our office to be processed.

It generally takes six to eight weeks for a new check to be reissued once we receive the enclosed form.

If you have any questions, please call and ask to speak with Maritza Haynes or me.

Sincerely,

Kathryn Irby

ES: mshaynes

Enclosure

Reference Number: [REDACTED]

TAX - USPS CERTIFIED MAIL

MAY 25, 2022
Arkansas
State Claims Commission

MAY 28 2022

RECEIVED

[REDACTED]
ARKANSAS STATE CLAIMS COMMISSION
101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, AR 72201-3823

MORGAN STANLEY SMITH BARNEY HOLDINGS LLC
PH: --
1585 BROADWAY
NEW YORK CITY NY 10019

Payment Details

Account No: [REDACTED]
Invoice No: [REDACTED]
FEIN: [REDACTED]
Tax Type: [REDACTED]

Due Date

05/25/2022

Anybill Ref#

[REDACTED]

██████████
ARKANSAS STATE CLAIMS COMMISSION
101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, AR 72201-3823



Morgan Stanley

1221 Avenue of the Americas
Tax Department | 3rd Floor
New York, NY 10020

May 23, 2022

Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, AR 72201-3823

RE: Morgan Stanley Smith Barney Holdings LLC ("MSSBH")
FEIN: [REDACTED]
Reissuance of Check No. [REDACTED]

To Arkansas State Claims Commission:

This letter is in response to the attached copy of the notice received from your office with respect to Morgan Stanley Smith Barney Holdings LLC ("MSSBH") requesting for completion of the reissuance form. Please see attached for the signed and notarized form.

Should you need additional information and/or have any questions, please feel free to contact Colin Zhang at (212)762-9485 and Colin.Zhang@morganstanley.com

Thank you for your cooperation in this matter.

Sincerely,



Colin Zhang
Morgan Stanley Tax Department – Tax Director

201709

ARKANSAS STATE CLAIMS COMMISSION
Phone # 682-1619 Fax # 682-2823
NOTICE OF LOST/ OUTDATED WARRANT(S)

PART I

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Agency Arkansas State Claims Commission
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1221 Avenue of the Americas 3rd Floor New York RECEIVED
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of Voucher No. [REDACTED] Agency No. [REDACTED]
Appropriation No. [REDACTED] Character Code [REDACTED]
Fund Code [REDACTED] Social Security No. _____, or
if corporation-Federal Tax ID No. [REDACTED]
Business Area [REDACTED] Fund Code [REDACTED] Cost Center Group [REDACTED] Fund Center [REDACTED]

Scott D Fryer, Assistant Administrator
Agency Disbursing Officer's Full Name (Please Print)

Scott Fryer

Agency Disbursing Officer's Signature

STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

PART II

I/We, _____, state that:

Name(s)

- _____ 1. I/We received and lost.
- _____ 2. I/We did not receive, endorse nor cash.
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ARKANSAS CLAIMS COMMISSION

(501)682-1619
(501)682-2823 FAX



101 EAST CAPITOL AVENUE, SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

CLAIM FORM

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 *(If there are additional claimants, please fill out an additional form for each)*

Morgan Stanley Smith Barney Holdings LLC

| (title/last name/first name or company) | (email) |
|---|--------------------------------------|
| 1 New York Plaza, 5th Floor New York NY 10004 | (917) 796-3691 |
| (address) | (city) (state) (zip) (primary phone) |

2. Claimant's Legal Counsel *(If not represented by an attorney, you may skip this section)*

| (last name) | (first name) | (email) |
|-------------|--------------|-------------------------------|
| (address) | (city) | (state) (zip) (primary phone) |

Arkansas Bar Number: _____

If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.

3. State Agency Involved Arkansas Department of Finance and Administration

(If this section is not completed, the claim will be returned to you as deficient. Please note that the agency or agencies involved must be state agencies. The Claims Commission has no jurisdiction over claims against counties, cities, school districts, or other municipalities.)

4. Incident Date 3/11/2020

5. Claim Type

Reissuance of Warrant

5a. Location of Incident

5b. Explanation of Incident

This claim is being filed for the reissuance of warrant # [REDACTED] dated 04-10-19 payable to Morgan Stanley Smith Barney Holdings LLC in the amount of \$87,001.64 payable from AR Dept. of Finance & Administration. This warrant was not presented to the state treasurer for redemption during the legal redemption period.

Warrant or necessary papers for reissuing lost warrant(s)/check(s) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on March 4, 2021.

5c. CHECK HERE if this claim involves damage to a motor vehicle. ☐

5d. CHECK HERE if this claim involves damage to property other than a motor vehicle. ☐

5e. Insurance Coverage

- If your property was covered by insurance on the date of the incident, you must provide a copy of the insurance declarations in effect at that time. This is not the same as your insurance card. You may obtain a copy of your insurance declarations from your insurer or insurance agent.

-If you did NOT have insurance coverage in effect on your property on the date of the incident, CHECK HERE ☐

5f. Additional Required Documents for Property Damage Claims

You must submit invoice(s) documenting repair costs OR three estimates for repair OR an explanation why this documentation cannot be provided.

6. If a state vehicle was involved, please provide the following information

(type of state vehicle involved)

(license number)

(driver)

7. If your claim involves personal injuries, please CHECK HERE ☐

- All personal injury claims require a copy of your health insurance information in place at the time of the incident.

- If you did NOT have health insurance on the date of the incident, CHECK HERE ☐

8. Amount Sought: \$87,001.64

IMPORTANT

Please note that the Claims Commission staff is happy to answer questions about the claim process, but Claims Commission staff cannot give legal advice. For questions please contact us through email at ascc.new.claims@arkansas.gov or by phone at (501) 682-1619.

STOP!

The following section MUST be completed in the presence of a Notary Public.

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Claimant

ACKNOWLEDGEMENT

State of _____

County of _____

On this the ___ day of _____, 20____, before me, the undersigned notary, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public

[seal of office]

My Commission Expires: _____

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

June 6, 2022

Morgan Stanley Smith Barney Holdings LLC
c/o Joe Spallone
1221 Avenue of the Americas, 3rd Floor
New York, New York 10020

RE: **Claim No. 201209** – Reissuance of Check No. [REDACTED]

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It generally takes six to eight weeks for a new check to be reissued once we receive the enclosed form.

If you have any questions, please call and ask to speak with Caitlin McDaniel or me.

Sincerely,

Kathryn Irby

ES: cmcdaniel

Enclosure

From: [SaBreana Hyche](#)
To: colin.zhang@morganstanley.com
Subject: Corporate Signature Page
Date: Thursday, February 16, 2023 9:24:00 AM
Attachments: [signature page for corporate representative.pdf](#)

SaBreana J. Hyche

Arkansas State Courts Commission
Administrative Analyst
101 East Capitol Ave., Suite 410
Little Rock, AR 72201
501-682-2819 (wk)
SaBreana.Hyche@arkansas.gov

From: [SaBreana Hyche](#)
To: Colin.Zhang@morganstanley.com
Subject: RE: Corporate Signature Page
Date: Thursday, February 16, 2023 9:34:00 AM
Attachments: [Updated Complaint Form Morgan.pdf](#)

Please see the attached updated complaint form.

From: Colin.Zhang@morganstanley.com <Colin.Zhang@morganstanley.com>
Sent: Thursday, February 16, 2023 9:28 AM
To: SaBreana Hyche <SaBreana.Hyche@arkansas.gov>
Subject: RE: Corporate Signature Page

You don't often get email from colin.zhang@morganstanley.com. [Learn why this is important](#)

Hi Ms. SaBreana Hyche,

Can you please update your records to reflect the taxpayer address for Morgan Stanley Smith Barney Holdings LLC to 1 New York Plaza 5th Floor, New York, NY 10004?

Thank you.

Regards,
Colin Zhang

From: SaBreana Hyche <SaBreana.Hyche@arkansas.gov>
Sent: Thursday, February 16, 2023 10:24 AM
To: Zhang, Colin (Finance) <Colin.Zhang@morganstanley.com>
Subject: Corporate Signature Page

SaBreana J. Hyche

Arkansas State Claims Commission
Administrative Analyst
101 East Capitol Ave., Suite 410
Little Rock, AR 72201
501-682-2819 (wk)
SaBreana.Hyche@arkansas.gov

NOTICE: Morgan Stanley is not acting as a municipal advisor and the opinions or views contained herein are not intended to be, and do not constitute, advice within the meaning of Section 975 of the Dodd-Frank Wall Street Reform and Consumer Protection Act. By communicating with Morgan Stanley you acknowledge that you have read, understand and consent, (where applicable), to the

Morgan Stanley General Disclaimers found at <http://www.morganstanley.com/disclaimers/terms>.
The entire content of this email message and any files attached to it may be sensitive, confidential, subject to legal privilege and/or otherwise protected from disclosure.

ARKANSAS CLAIMS COMMISSION

(501)682-1619
(501)682-2823 FAX



Arkansas
State Claims Commission

101 EAST CAPITOL AVENUE, SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

NOV 16 2023

RECEIVED

CLAIM FORM

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 *(If there are additional claimants, please fill out an additional form for each)*

Morgan Stanley Smith Barney Holdings LLC

| (title/last name/first name or company) | (email) | | | |
|---|----------|---------|-------|-----------------|
| 1 New York Plaza, 5th Floor | New York | NY | 10004 | (917) 260-0329 |
| (address) | (city) | (state) | (zip) | (primary phone) |

2. Claimant's Legal Counsel *(If not represented by an attorney, you may skip this section)*

| (last name) | (first name) | (email) | | |
|-------------|--------------|---------|-------|-----------------|
| (address) | (city) | (state) | (zip) | (primary phone) |

Arkansas Bar Number: _____

*If not licensed to practice law in Arkansas, please
contact the Claims Commission for more information.*

3. State Agency Involved Arkansas Department of Finance and Administration

(If this section is not completed, the claim will be returned to you as deficient. Please note that the agency or agencies involved must be state agencies. The Claims Commission has no jurisdiction over claims against counties, cities, school districts, or other municipalities.)

4. Incident Date 3/11/2020

5. Claim Type

Reissuance of Warrant

5a. Location of Incident

5b. Explanation of Incident

This claim is being filed for the reissuance of warrant # [REDACTED] dated 04-10-19 payable to Morgan Stanley Smith Barney Holdings LLC in the amount of \$87,001.64 payable from AR Dept. of Finance & Administration. This warrant was not presented to the state treasurer for redemption during the legal redemption period.

Warrant or necessary papers for reissuing lost warrant(s)/check(s) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on March 4, 2021.

5c. CHECK HERE if this claim involves damage to a motor vehicle. ☐

5d. CHECK HERE if this claim involves damage to property other than a motor vehicle. ☐

5e. Insurance Coverage

- If your property was covered by insurance on the date of the incident, you must provide a copy of the insurance declarations in effect at that time. This is not the same as your insurance card. You may obtain a copy of your insurance declarations from your insurer or insurance agent.

- If you did NOT have insurance coverage in effect on your property on the date of the incident, CHECK HERE ☐

5f. Additional Required Documents for Property Damage Claims

You must submit invoice(s) documenting repair costs OR three estimates for repair OR an explanation why this documentation cannot be provided.

6. If a state vehicle was involved, please provide the following information

(type of state vehicle involved)

(license number)

(driver)

7. If your claim involves personal injuries, please CHECK HERE ☐

- All personal injury claims require a copy of your health insurance information in place at the time of the incident.

- If you did NOT have health insurance on the date of the incident, CHECK HERE ☐

8. Amount Sought: \$87,001.64

IMPORTANT

Please note that the Claims Commission staff is happy to answer questions about the claim process, but Claims Commission staff cannot give legal advice. For questions please contact us through email at ascc.new.claims@arkansas.gov or by phone at (501) 682-1619.

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

CLAIM SUBMISSION SIGNATURE PAGE

The undersigned certifies that to the best of my knowledge, information, and belief, I am authorized by Morgan Stanley Smith Barney Holdings LLC (name of business entity) to file this claim on its behalf. The undersigned also certifies that this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

John Triolo

Name of Representative of Business Entity
(must be printed legibly)

Signature of Representative

Acknowledgement

State of New York

County of New York

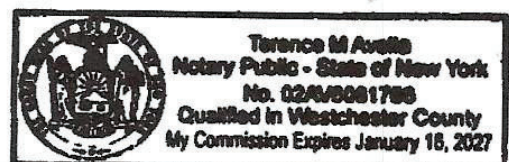
On this the 8th day of November, 2023, before me, the undersigned notary, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public

[Seal of Office]

My Commission expires: Jan. 16, 2027



BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

**MORGAN STANLEY SMITH
BARNEY HOLDINGS LLC**

CLAIMANT

V.

CLAIM NO. 201209

**ARKANSAS DEPARTMENT OF
FINANCE AND ADMINISTRATION**

RESPONDENT

ORDER

This claim was filed by Morgan Stanley Smith Barney Holdings LLC (the “Claimant”) requesting reissuance of outdated warrant no. [REDACTED] (the “Warrant”) in the amount of \$87,001.64 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 \$87,001.64 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.



ARKANSAS STATE CLAIMS COMMISSION
Solomon Graves



ARKANSAS STATE CLAIMS COMMISSION
Paul Morris, Chair



ARKANSAS STATE CLAIMS COMMISSION
Sylvester Smith

DATE: December 7, 2023

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).