

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NOTICE OF LOST OUTDATED WARRANT(S)

OCT 13 2023

Part I

The records of the Department of Finance, Sales and Use Tax of Arkansas, Phone # (501) 682-7104

RECEIVED

Agency Address 1816 W 7th Little Rock Ar 72203

Reflect that Robert Bosch Tool Corporation

Payee/Payees

2700 N College Blvd

West Memphis

Payee's Address**City**

AR

72301-2931

, was/were issued

State**Zip Code**

State Warrant number [REDACTED], dated 02/14/2022

in the amount of \$ 26,354.82, the same being in payment

of Voucher No. [REDACTED], Agency No. [REDACTED]

Appropriation No. [REDACTED], Character Code [REDACTED]

Fund Code [REDACTED], Social Security No. [REDACTED], or

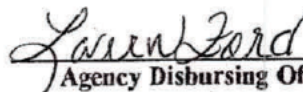
if corporation-Federal Tax ID No. [REDACTED]

Also, please furnish your current Business Area [REDACTED] Fund Code [REDACTED] Cost Center

Group [REDACTED] & Fund Center [REDACTED]

Lavern Ford

Agency Disbursing Officer's Full Name (please print)



Agency Disbursing Officer's Signature

Part II

STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

I/We _____, state that:

- ☐ 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 cashed, the endorsement was a forgery.

AFFIDAVIT OF FORGED WARRANT

The records of the SALES AND USE TAX SECTION of Arkansas reflect that

ROBERT BOSCH TOOL CORPORATION Agency was issued Warrant number [REDACTED]

Payee(s) Warrant Number

Dated 02/2022 in the amount of \$ 26,354.82, the same being in payment of

Fiscal Year Warrant Amount

Invoice # Agency # Fund Center Commitment Item Fund

[REDACTED] Federal Identification # \$0.00 Gross Pay \$0.00 Withholding

Address- Payroll Only

331-264-5000

Daytime Telephone #

Lauren Ford
Disbursing Officer

I/We, Robert Bosch Tool Corporation, state that:

Payee (s)

CHECK APPROPRIATELY -- ALL THAT APPLY

- ☐ 1. I received and lost.
☒ 2. I did not receive, endorse, nor cash.
☐ 3. I have not authorized another person to sign my name to the warrant.
☐ 4. I have no knowledge of the whereabouts of the warrant or of any other person having received, cashed, or endorsed the warrant.
☐ 5. If this warrant is presented for payment, the endorsement is a forgery.
☐ 6. The endorsement on same is a forgery.

pki, BOSCH, US, J. O. Jon. Schaffer
US, J. O. Jon. Schaffer
Date: 2023.10.03 12:40:37
02/00

Payee Signature

1 Tower Lane, Ste 3100

Address

Oakbrook Terrace, IL 60181

City, State, Zip Code

Daytime Telephone # 331-264-5000

Payee Signature

Address

City, State, Zip Code

Daytime Telephone #

ON THIS THE 3rd DAY OF October, 2023, before me personally appeared Jon Schaffer to me known to be the persons described in and who executed the foregoing instrument and acknowledged that they signed, sealed, executed and delivered the same as their free act and deed for the purpose therein mentioned.



NOTARY PUBLIC

Jo Ellen Pickett
DuPage IL
County State

My commission expires 7/3/2025

(SEAL)

State of Arkansas**Bond for Reissuing Warrant**

Warrant Number to be Reissued

Amount \$26,354.82

Paying State Agency SALES AND USE TAX SECTION

Phone (501) 682-2319

Agency Contact Jackie Caldwell

Know by all men by these presents that we the undersigned, ROBERT BOSCH TOOL CORPORATION

as payee(s) and _____ as the surety are held and

firmly bound unto the State of Arkansas in the sum of:

\$52,709.64 (amount must be double the sum of the warrant)

The condition of this obligation is that the said payee, ROBERT BOSCH TOOL CORPORATION

has (check one): _____ lost ☒ failed to receive _____ stolen

a certain Arkansas State Warrant number as listed below by the Paying State Agency

Witness Our Hands on this _____ day of _____, 20 _____

First Payee Name:

Signature:

Deanna McCann - Assistant Treasurer

First Payee Taxpayer Identification Number (SSN or Federal ID):

Second Payee Name:

Signature:

Second Payee Taxpayer Identification Number (SSN or Federal ID):

Payee

Mailing Address 1 Tower Lane, Ste 3100
Oakbrook Terrace, IL 60181

Payee

Phone
Number**Surety must be 18 years of age or older and must be someone other than the payee(s) and not the person notarizing the form**

Surety

Mailing
Address

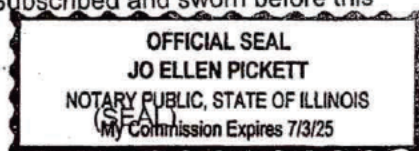
Surety

Phone
NumberSurety
NameSurety
Signature

(Printed or Typed Name)

Surety, after first being duly sworn, states that their real and personal property is sufficient to meet the requirements for the bonded amount.

Subscribed and sworn before this



3rd day of October, 20 23

A handwritten signature of Jo Ellen Pickett in dark ink.

Notary Public Signature

My Commission Expires

3rd day of July, 20 2025

**ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants**

Date: 10/24/2023

Warrant: [REDACTED]

Name of Payee: Robert Bosch Tool Corporation

Amount: \$26,354.82

Upon checking with Rick 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.

CM

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

October 26, 2023

Robert Bosch Tool Corporation
c/o Jon Schaffer
2700 North College Boulevard
West Memphis, Arkansas 72301-2931

RE: **Claim No. 240643** – Reissuance of Check No. [REDACTED]

Dear Mr. Schaffer,

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 Caitlin McDaniel or me.

Sincerely,

Kathryn Irby

ES: cmcdaniel

Enclosure

ARKANSAS CLAIMS COMMISSION

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



arclaimscommission.arkansas.gov
ascc.new.claims@arkansas.gov

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

Arkansas
State Claims Commission

COMPLAINT

NOV 29 2023

1. Claimant

Robert Bosch Tool Corporation

RECEIVED

(title/last name/first name)

(email)

2700 North College Boulevard

West Memphis

AR 72301

(address)

(city)

(state) (zip)

(primary phone)

2. State Agency Involved

Arkansas Department of Finance and Administration

(state agency involved)

3. Claim Type

Reissuance of Warrant

This claim is being filed for the reissuance of warrant # [REDACTED] date 02-14-2022 payable to Robert Bosch Tool Corporation the amount of \$26,354.82 payable from AR Dept. of Finance and 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 October 13, 2023.

4. Amount Sought: \$26,354.82

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, I am authorized by Robert Bosch Tool Company (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.

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

Michael Barhaus
Signature of Representative

ACKNOWLEDGEMENT

State of Tennessee

County of Shelby

On this the 20th day of November, 2023, before me, the undersigned notary, personally appeared Michael Barhaus 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.

Marsha R Keller
Signature of Notary Public

My Commission Expires: 5-4-2025

[seal of office]



BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

**ROBERT BOSCH TOOL
CORPORATION**

CLAIMANT

V.

CLAIM NO. 240643

**ARKANSAS DEPARTMENT OF
FINANCE AND ADMINISTRATION-
SALES AND USE TAX DIVISION**

RESPONDENT

ORDER

This claim was filed by Robert Bosch Tool Corporation (the “Claimant”) requesting reissuance of outdated warrant no. [REDACTED] (the “Warrant”) in the amount of \$26,354.82 payable from Arkansas Department of Finance and Administration-Sales and Use Tax Division.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$26,354.82 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).

ARKANSAS STATE CLAIMS COMMISSION

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FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

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

December 19, 2023

Mr. Michael Barhaug
Mr. Jon Schaffer
2700 North College Boulevard
West Memphis, Arkansas 72301

(via U.S. Mail)

Ms. Lavern Ford
Arkansas Department of Finance and Administration
1816 West Seventh Street
Little Rock, Arkansas 72203

(via email)

RE: ***Robert Bosch Tool Corp. v. Ark. Dept. of Finance and Admin.***
Claim No. 240643

Dear Mr. Barhaug, Mr. Schaffer, and Ms. Ford,

Please see the enclosed Order entered by the Commission on December 7, 2023. As stated in the Order, because the awarded amount is over \$15,000, this claim file is being transmitted to the Arkansas General Assembly for review, approval, and placement on an appropriations bill.

Sincerely,

Kathryn Irby

ES: kmirby