

DEBIT MEMORANDUM

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FOR OFFICIAL USE

DATE

NUMBER

TO: DEPT OF STATE

L 86143

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STATE OF FLORIDA

OFFICE OF STATE TREASURER

TALLAHASSEE FLORIDA

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FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	1,173.25	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	
TOTAL	1,173.25	OTHER	

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00		1	30.00
012	45-20-2-130001-45300000-00-000100-00		1	42.00
012	45-20-2-130001-45300000-00-000100-00		1	60.00
012	45-20-2-130001-45300000-00-000100-00		2	141.25
012	45-20-2-130001-45300000-00-000100-00		4	900.00

GRAND TOTAL: \$ 1,173.25

83426-E

RECEIVED

MAY 8 1998

SEE FOR KIDNEY SERVICES
PERSONNEL

Process Date: 04/22/98

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer