

DEBIT MEMORANDUM

TO :
DEPT. OF STATE

* FOR OFFICIAL USE
* DATE NUMBER

*** 3-3-99 92766 ***

A 95 *****
 * STATE OF FLORIDA
 * OFFICE OF STATE TREASURER
 * TALLAHASSEE FLORIDA

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 * TALLAHASSEE FLORIDA
 *

FUND	AMOUNT	REASON RETURNED	KEY #	
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	
TRUST	4,183.25	ACCOUNT CLOSED	2	2
OTHER		UNCOLLECTED FUNDS	3	
TOTAL	4,183.25	OTHER	4	

CROSS
REF

DISTRIBUTION

SAMAS CODE

REASON

AMOUNT

012	45-20-2-130001-45300000-00-000100-00	1	10.00
012	45-20-2-130001-45300000-00-000100-00	1	30.00
012	45-20-2-130001-45300000-00-000100-00	2	61.25
012	45-20-2-130001-45300000-00-000100-00	4	61.25
012	45-20-2-130001-45300000-00-000100-00	2	72.00
012	45-20-2-130001-45300000-00-000100-00	1	122.50
012	45-20-2-130001-45300000-00-000100-00	1	141.25
012	45-20-2-130001-45300000-00-000100-00	3	150.00
012	45-20-2-130001-45300000-00-000100-00	2	100.00
012	45-20-2-130001-45300000-00-000100-00	1	150.00
012	45-20-2-130001-45300000-00-000100-00	1	100.00
012	45-20-2-130001-45300000-00-000100-00	1	156.25
012	45-20-2-130001-45300000-00-000100-00	1	156.25

GRAND TOTAL:

...\$ 4,183.25

92766 - G

Process Date: 02/22/99

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

State Treasurer

RECEIVED

99 MAR -5 PM

BUREAU OF
PLANNING, BIDDING
PROGRAMS