P930000652 OFFICE OF THE COMPTROLLER

____ EIN or SS#: ____

of Filing Fees

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _______, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Date Paid

Certified true and co	orrect this	day of _	August	, 19 _	<u>)</u>
Signature_		ions			
* Must be completed	if authority is o	other than Sect	ion 215.26, Florida	Statutes.	
Agency recommends a	pproval of above o	laim and submit	the following informa	ilon to	
substantiate the claim:					
				a part of the funds depo	illed on
State Treasurer's Rece	ipi No Ulturi ist	Ziki e daled:			
Name of Account					
	152021300	00145300	0000000010	000	
Statutory Authority for		607			
It is requested that payr	nent be made from	the following ac	zoumice in the second		
NAME OF ACCOUN			0000022002		
Certified true and corr	ecitis in the				
Department of State, D	ivision of Corpora	lions			
	(gency)	and of the form the state of the angelone of the same	orized Signature and Title)		

Address:

Amount:

\$150.00

Reason for claim: <u>P93000010652</u>