Section 216.2	4 OCHER HECOMPTENIOR
the Comptroll else such righ into the State t government wi	5. Fiorida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with er, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued t shall be barred." Three years is generally interpreted as meaning three years from the date of payment reasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State inch initially collected the money.
rursuant to in	e provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or *, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are id. The following information is submitted to substantiate the claim.
	Dean C. KowalchyK, P.A. EIN or SS#:
Address:	
	Tallahassee, F1 32302
Amount: 🛓	385.00 Date Paid
Reason for cl	aim: Overpayment - P94000047910
	17 10/15/97 Law Offices of Dean C. KowalchyK, Inc
Certified tru	e and correct this day of, 19,
Si	gnature See Attached
Si	gnature See Attached
Si * Must be co	mpleted if authority is other than Section 215.26, Florida Statutes.
Si * Must be co	mpleted if authority is other than Section 215.26, Florida Statutes.
Si * Must be co Agency reco	gnature <u>See Attached</u> mpleted if authority is other than Section 215.26, Florida Statutes. <i>For Agency Use Only</i>
Si * Must be co Agency reco substantiate The amount	gnature <u>See Attached</u> mpleted if authority is other than Section 215.26, Florida Statutes. <i>IF or Agency Use Only</i> mmends approval of above claim and submits the following information to the claim: <u>Amouni of recommended refund S 1385.00</u> requested above was originally denotied into the Socie Transmission of the socie tran
Si * Must be co Agency reco substantiate The amount	gnature <u>See Attached</u> mpleted if authority is other than Section 215.26, Florida Statutes. <i>For Agency Use Only</i>
Si * Must be co Agency reco substantiate The amount	mpleted if authority is other than Section 215.26, Florida Statutes. <i>ForAgency Use Only</i> <i>mmends approval of above claim and submits the following information to</i> the claim: <i>Amount of recommended refund §</i> 1385.00 requested above was originally deposited into the State Treasury, as a part of the funds deposited on rer's Receipt No. 01029 015. dated 10-15.92
Si * Must be co Agency reco substantiate The amount State Treasu	mpleted if authority is other than Section 215.26, Florida Statutes. For Agency Use Only mmends approval of above claim and submits the following information to the claim: Amount of recommended refund § 3855 0 0. requested above was originally deposited into the State Treasury, as a part of the funds deposited on rer's Receipt No. 01029 910 dated 10-15 92
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Si * Must be co Agency reco Substantiate The amount State Treasu Name of Acc Statutory Au Statutory Au	mpleted if authority is other than Section 215.26, Florida Statutes. <i>For Agency Use Only mmends approval of above claim and submits the following information to the claim: Amount of recommended refund</i> 3 <u>3885.00</u> <i>reguested above was originally deposited into the State Treasury, as a part of the funds deposited on rer's Receipt No.</i> <u>Olv291 DL</u> <i>dated</i> <u>10-15 AQ</u> <i>d that payment be made from the following second:</i> Account:
Si * Must be co Agency reco substantiate The amount State Treasu Name of Acc Statutory Au It is requeste NAME OF A	gnature <u>See Attached</u> mpleted if authority is other than Section 215.26, Florida Statutes. <i>ForAgency Use Only</i> mmends approval of above claim and submits the following information to the claim: Amount of recommended refund 3 385.00 requested above was originally deposited into the State Treasury, as a part of the funds deposited on rer's Receipt No. OU29 90 dated 10:15 90 sound 5.202213000145300000000000000000000000000 thority for Collecton
Si * Must be co Agency reco Substantiate The amount State Treasu Name of Acc Statutory Au It is requeste NAME OF NAME OF	mpleted if authority is other than Section 215.26, Florida Statutes. For Agency Use Only mends approval of above claim and submits the following information to the claim: Amount of recommended refunds 1385_00 refuted above was originally deposited into the State Treasury, as a part of the funds deposited on ref's Receipt No. 0029 015_dated 10:15:49 state of the payment be made from the following account: d that payment be made from the following account: 45.20213000145300000000000002200020000

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CR2E060(6/95)