

DEBIT MEMORANDUM

P 97000084557

TO :
DEPARTMENT OF STATE

DATE: _____ NUMBER: _____

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #		
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	*	*
TRUST	906.25	ACCOUNT CLOSED	2	*	2 *
OTHER		UNCOLLECTED FUNDS	3	*	*
TOTAL	906.25	OTHER	4	*	*

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00		4	60.00
012	45-20-2-130001-45300000-00-000100-00		1	122.50
012	45-20-2-130001-45300000-00-000100-00		1	173.75
012	45-20-2-130001-45300000-00-000100-00		1	550.00

GRAND TOTAL: \$ 906.25

81329-B

RECEIVED
OCT 23 1997

OFF. OF ADMIN SERVICES
PERSONNEL

Process Date: 10/06/97

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