

DEBIT MEMORANDUM

FOR OFFICIAL USE
DATE NUMBER

TO :
DEPT. OF STATE

P 98 000026577 8 3240

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

*

FUND	AMOUNT	REASON RETURNED	KEY #	*	*
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	*	*
TRUST	177.00	ACCOUNT CLOSED	2	*	2 *
OTHER		UNCOLLECTED FUNDS	3	*	*
TOTAL	177.00	OTHER	4	*	*

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00		1	35.00
012	45-20-2-130001-45300000-00-000100-00		1	70.00
012	45-20-2-130001-45300000-00-000100-00		1	72.00

GRAND TOTAL: \$ 177.00
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83240-B

9800002561809--9
06/16/98 01015--007
*****85.00 *****85.00

APR 17 1998

OFFICE OF ALTERNATE COMPTROLLER
PERSONNEL

Process Date: 04/03/98

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

[Signature]

State Treasurer