Amount: 165.00 Date Paid

Reason for claim: Report already filed - V12525

697 5/27/97

Certified true and correct this 24 day of JUNE , 19 97

Signature Hill Cimul

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

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本語語語は「Notice Test Test Test Test Test Test Test Tes
For Agency Use Only
Agency recommends approval of above claim and submits the following information to
substantiate the claim: Amount of recommended refund \$ 165.00
I he amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on
State Treasurer's Receipt No. 96216 1093 Lated 105-02-50
The state of the second state of the state o
Name of Account
45202130001453000000000000000
Statutory Authority for Collection
It is requested that payment be made from the following account:
At is requested that payment be made from the following account:
NAME OF ACCOUNT
4520213000145300000022002000
Certified trite and correct this day of the control
Department of State Division of Comparitions (2007)
(Ageusy) (Anthonized Signature and Tide) Factor (Ageusy)