

STATE OF FLORIDA

OFFICE OF THE COMPTROLLER

APPLICATION FOR REFUND

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 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.

Name: _____ FEIN or SS NO. _____

Address: _____

Amount: _____ Date Paid: _____

Reason for Claim: _____

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20 _____

Signature: _____

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

(FOR AGENCY USE ONLY)

Agency recommends approval of the above claim and submits the following information to substantiate the claim: Amount of recommended refund \$

The amount requested above was originally deposited into the State treasury as a part of the funds deposited on State Treasurer's Receipt No. _____ dated _____.

NAME OF

Table with 12 columns: 4, 6, 1, 0, 2, 3, 9, 3, 0, 0, 1, 4, 6, 0, 1, 0, 1, 0, 1, 0, 0, 0, 0, 0, 2, 2, 0, 0, 0, 0, 0

Statutory Authority for Collection: _____

It is requested that payment be made from the following account: _____

NAME OF ACCOUNT: _____

Table with 12 columns: 4, 6, 1, 0, 2, 3, 9, 3, 0, 0, 1, 4, 6, 0, 1, 0, 1, 0, 1, 0, 0, 0, 0, 0, 2, 2, 0, 0, 0, 0, 0

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20 _____

Signature of Authorized Person _____

Title _____ Finance & Accounting Director

Department of Financial Services _____ Agency