

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
APPLICATION FOR REFUND

Pursuant to the provisions of Rule 69I-44.020, Florida Administrative Code, and Section 215.26, 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 _____, _____

Signature _____

(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 above was originally deposited in the State treasury as a part of the funds deposited on State Treasurer's
Receipt No. _____ dated _____

NAME OF ACCOUNT: _____

ACCOUNT CODE																					

Statutory Authority for Collection: _____

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

NAME OF ACCOUNT: _____

ACCOUNT CODE																					

CERTIFIED TRUE AND CORRECT this _____ day of _____, _____

Agency

Signature of Authorized Person

Title