

**APPLICATION FOR REFUND
FROM
STATE OF FLORIDA**

COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____*, Florida Statutes, I hereby apply for a refund and request that a State warrant be drawn in favor of:

NAME: _____
ADDRESS: _____

AMOUNT: _____

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim: _____

CERTIFIED TRUE AND CORRECT this _____ day of _____ 19 _____,

Signature

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

(FOR AGENCY USE ONLY)

- (1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

or
- (2) Agency recommends approval of above claim and submits the following information to substantiate such claim.
The amount recommended \$ _____.

The amount requested above was originally deposited into the State Treasury, included in the state Treasurer's Receipt # _____, dated _____.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

STATUTORY AUTHORITY FOR COLLECTION _____.

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

CERTIFIED TRUE AND CORRECT this _____ day of _____ 19 _____.

(Agency)

(Signature of Authorized Person)

(Title)

Section 215.26 STATES, IN PART: "Application for refunds as provided by 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 interpreted as meaning 3 years from the date of payment into the State Treasury.