

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Chief Financial Officer, 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 Chief Financial Officer has delegated the authority to accept applications for refund to the unit of State government, which initially collected the money.

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Pursuant to the provisions of Rule 69I-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 \_\_\_\_\_, \_\_\_\_\_

Signature \_\_\_\_\_

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

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(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 ACCOUNT: \_\_\_\_\_

ACCOUNT CODE											

Statutory Authority for Collection: \_\_\_\_\_

It is requested that 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