

TJ799

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

030511-TZ
ORIGINAL

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 to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section 367.071(3)*, 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: Tallahassee Telephone Exchange, Inc. d/b/a TTE FEIN or SS No 59-3546530

Address: P. O. Box 11042, Tallahassee, FL 32302-3042

Amount: \$250.00 Date Paid June 6, 2003

Reason for Claim: The payment is the filing fee for Tallahassee Telephone Exchange, Inc. d/b/a TTE's registration as an intrastate interexchange telecommunications company. Pursuant to the Tele-Competition Innovation and Infrastructure Enhancement Act, which took effect on May 23, 2003, no filing fee is required when an IXC company registers with the Public Service Commission.

CERTIFIED TRUE AND CORRECT this 14 day of August, 2003
Signature [Handwritten 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 \$ 250.00

The amount requested above was originally deposited into the State treasury as a part of the funds deposited on State Treasurer's Receipt No. 117890 dated 6/12/03.

NAME OF ACCOUNT: _____

ACCOUNT CODE																												
6	1	5	0	2	5	7	3	0	0	3	6	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0

Statutory Authority for Collection: _____
It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

ACCOUNT CODE																												
6	1	5	0	2	5	7	3	0	0	3	6	1	0	1	0	0	0	0	0	2	2	0	0	2	0	0	0	0

CERTIFIED TRUE AND CORRECT this 21st day of August, 2003

Florida Public Service Commission
Agency

[Handwritten Signature]
Signature of Authorized Person
Finance & Adm. Dir.
Title

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
REMITTANCE ADVICE

4- 01 485 866

THIS IS NOT A PAYMENT DEVIC

FLAIR ACCOUNT CODE 61-502573003-61010000-00-22002000	OLO 610000	SITE 00	DOCUMENT NUMBER D4000092678	OBJECT 8600	DATE 08/22/03	PAYMENT N 0258405
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PAYMENT AMOUNT \$ 250.00

DO NOT CASH

AGENCY DOCUMENT NO V000170


 TALLAHASSEE TELEPHONE EXCHANGE
 PO BOX 11042
 TALLAHASSEE FL 32302-3042

PLEASE DIRECT QUESTIONS TO: (850) 413-6334, PUBLIC SERVICE COMMISSION

VENDORS NOW CAN VIEW PAYMENT INFORMATION AT [HTTP://FLAIR.DBF.STATE.FL.US](http://FLAIR.DBF.STATE.FL.US)

INVOICE NUMBER	AMOUNT
TLH082103	\$ 250.00

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT



FLAIR ACCOUNT CODE: 61-502573003-61010000-00-22002000
 SWDN: D4000092678
 ADN: V000170
 OBJECT: 8600
 DATE: 08/22/03
 WARRANT NO: 0258405 63-69 630
 OLO 610000 SITE 00 CONTACT (850) 413-6334 FOR PAYMENT QUESTIONS

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES

VOID AFTER 12 MONTHS
 4- 01 485 866
 AMOUNT
 *****250.00

PAY

TWO-HUNDRED-FIFTY & 00/100 DOLLARS

TO THE ORDER OF:


 TALLAHASSEE TELEPHONE EXCHANGE
 PO BOX 11042
 TALLAHASSEE FL 32302-3042

VENDOR ID NUMBER

EXPENSE WARRANT

TO DIVISION OF TREASURY
TALLAHASSEE


 CHIEF FINANCIAL OFFICER