

Payables and Disbursements 5607A University Center Tallahassee, FL 32306-2391

Ph: (850) 644-5021 Fax: (850) 644-8137

CERTIFICATION OF PAYMENT WITH PUBLIC FUNDS

Membership Organization	Date
	1
Address of Membership Organization	J
1 2 5 1	_
This form is to be completed by the member the date on the form. Please fax the completed	rship organization. It is good for five years from d form to (850) 644-8137.
payment of dues or membership contribution association, group, or other organization, all of such an entity which pertain to the pupulic records. Section 119.07, Florida Statute	public funds are expended by an agency in as for any person, corporation, foundation, trust, the financial, business, and membership records ablic agency (The Florida State University) are es, states that every person who has custody of the beinspected and copied by any person desiring
Additionally, I certify this organization provide for institutional memberships.	does does not
-	ng that your records pertaining to the dues or University are available for inspection as stated
	Sincerely,
	Associate Controller
	Carla Daniels
attest that the records of	are open for
inspection as provided by the Florida S	
	tatutes listed above. The Tederal Employer
Identification for this organization is	
Signature of Membership Organization Rep	Date
Title	