

**REQUEST AND AUTHORIZATION
FOR REFUND**

DATE: 8-25-88

RR **186600**

PAGE 1 of 1

CABINET/
DEPARTMENT NAME: Secretary of State

PAYEE NAME: Fowler, Measle & Bell

DIVISION NAME: Corporations

ADDRESS: Attn: James E. Hargrove

FUND NAME: General

4th Floor, Bank One Plaza
Lexington, KY 40507

VENDOR ID	PAYMENT DUE DATE (MM/DD/YY)
* * REFUNDS	

FOR DIVISION OF ACCOUNTS USE ONLY			
FMO	FY	AUDIT REFERENCE	VOUCHER NUMBER

TRAN CODE	FUND	CAS	DEPT	PGM/PROJ	OBJECT	DIV	BR	SECT	UNIT	FUNCTION	LOCATION	AMOUNT
	01	31	120	XX00	R386							\$5.00

DESCRIPTION (INCLUDE PV NUMBER & DATE)	AMOUNT
Refund of \$5.00 on overpayment for filing. PIV 45274 Val 532711 Date 8-24-88 <i>G 3581187 00022599 9-7-88</i>	\$5.00

1	2	3	4	5	6	7	8 Refund Authorized		
Type Tax	Account (ID) Number	County Code	Business Code	Validating Number	Type Return	Period	Tax	PerAm	Total
Total Refund Authorized									\$5.00

Recommendation for Payment
I certify that the facts set forth above are true to the best of my knowledge and recommend approval for payment.

Approval for Payment
Approval is hereby given for payment to be made from the Fund and Account set forth above.

(Signed) Clinian H. Newman II

PIV#

45274

OBJECT NO. R386

DATE 8-24-88

VAL# 532711

REFUND AMOUNT -15.00

Name of Corporation - Smith Lumber, Inc.

Payee Name: Fowler, Measle & Bell
Payee Address: Attn: James E. Hargrove
4th Floor
Bank One Plz
Lexington, KY 40507

Check processed in the amount of - \$15.00

Correct Amount is - \$10.00

Filing for - Statement of Intent

Initials - KKB