

Payables and Disbursements 5607A University Center Tallahassee, FL 32306-2391 AccountsPayable@admin.fsu.edu

## CERTIFICATION OF PAYMENT WITH PUBLIC FUNDS

Membership Organization	Date
Address of Membership Organization	
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This form is to be completed by the members the date on the form. Please email the complete	ship organization. It is good for five years from d form to AccountsPayable@admin.fsu.edu.
payment of dues or membership contributions association, group, or other organization, all of such an entity <b>which pertain to the pul</b> public records. Section 119.07, Florida Statute	public funds are expended by an agency in s for any person, corporation, foundation, trust, the financial, business, and membership records blic agency (The Florida State University) are s, states that every person who has custody of be inspected and copied by any person desiring
Additionally, I certify this organization provide for institutional memberships.	does does not
	g that your records pertaining to the dues or University are available for inspection as stated
	Sincerely, Associate Controller Carla Daniels
I attest that the records of inspection as provided by the Florida Statement Identification for this organization is	are open for atutes listed above. The Federal Employer
identification for this organization is	
Signature of Membership Organization Rep	Date
2.5 or memorismp organization rep	
Title	

Submit by Email