

Training Team Fee Transmittal Form

Please make check(s) payable to:
Mail to:

The Florida Department of Revenue
Property Tax Oversight
Attn: Training Team
Post Office Box 3294
Tallahassee, Florida 32315-3294

Submitted by: _____ (Office/Jurisdiction)

- Property Appraiser
- Tax Collector
- Property Tax/Department of Revenue

Please fill in the dollar amount for each category on the space provided below.
Remittance for:

Tuition	\$ _____	Continuing Education Workshop	\$ _____
Books/Materials	\$ _____	Proctor Fee	\$ _____
Dues	\$ _____	Duplicate Certificate	\$ _____
Application Fee	\$ _____	Other	\$ _____

Do not write in this space.
For validation purposes only.

Please list individual names (typed) and the purpose of the fee(s) in the space provided.

<i>Name</i>	<i>Purpose</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This form must accompany all remittance submitted for designation purposes.