Public Works Refund Worksheet								
Name of State University or Florida Collge System Institution: **Florida State University**					Date Submitted:			
Project Title:					Pay Application No.:			
Contractor / Subcontractor Name	**Contractor Address**	**Project Number**	**Invoice Date**	**Invoice Number**	**Description of Tangible Personal Property**	**Date Installed**	**Purchase Price**	**Florida Sales Tax Paid**
								$ -
								$ -
								$ -
								$ -
								$ -
								$ -
								$ -
								$ -
								$ -
							Taxes Paid on Project for Owner to Request Refund:	$ -

*Add more rows as necessary.