University of Florida

INVOICE FOR

U.S. Department of Homeland Security/
U.S. Citizenship and Immigration Services
USCIS Processing Fees

Invoice Number _____   **Date:** _____

Application/Petition:	**I-129 PETITION FOR NONIMMIGRANT WORKER AND/OR I-907 PREMIUM PROCESSING**
Applicant/Petitioner:	**UNIVERSITY OF FLORIDA**
Beneficiary's Name:	
Beneficiary's Date of Birth:	

REQUESTED BY:

Department Name:	
Campus Address:	
Administrator Name:	
Phone:	
Fax:	
Email:	

CHECK FOR:

☐   **$325.00**   Form I-129 Base Processing Fee
payable to **DEPARTMENT OF HOMELAND SECURITY**

☐   **$500.00**   Anti-Fraud Fee for H-1B Petition (for Form I-129)
payable to **DEPARTMENT OF HOMELAND SECURITY**

☐   **$1,225.00**   Premium Processing Fee (for Form I-907)
payable to **DEPARTMENT OF HOMELAND SECURITY**
Note: Form I-907 will be completed by the Immigration Compliance Services Office.

Alternate Check Delivery
University of Florida

Vendor Name: _____
In the Amount of: _____
Business Unit: _____
Voucher Number: _____
Invoice Date: _____

Check should be handled as follows:

Mail to
Alternate
Delivery
Address:

OR

☐ Call for pickup

Name: _____
Phone number: _____

Justification for alternate check delivery:

_____

_____

I hereby authorize (print name) _____ to pick up the check described above. Once the check has been received, the department accepts responsibility for it reaching the vendor.

The only individual that will be allowed to pickup the check is the person authorized above and a photo ID will be required.

Complete and forward to Check Disbursements, PO Box 115350,114 Elmore Hall or fax to 352-392-0081

Alternate Check Delivery Instructions

This form is used to ensure that a check is either:
  • Mailed to an alternate delivery address, or
  • Held for pickup in Elmore Hall.

Tips:

If a pick-up is requested, do not use an alternate delivery address.

The daily paycycle is run at approximately 9:00 a.m. For check pickup requests, you will be notified when the check is available.

Supporting documentation should be faxed into Fax Imaging at **352-846-1020.**

Attach any documentation that needs to be remitted to the vendor with payment and mark as **"Vendor Copy"**

FA-PDS-ACD 08/2007