

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:

- \$460.00** 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**
- \$1,410.00** 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.