

University of Florida

INVOICE FOR

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

Invoice Number: _____

Invoice Date: _____

Application/Petition:	I-140 IMMIGRANT PETITION FOR ALIEN WORKER
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:

\$700.00

Form I-140 Base Processing Fee
payable to **DEPARTMENT OF HOMELAND SECURITY**

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:

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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"**