

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**