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**