

***TO BE COMPLETED BY RECORDS CUSTODIAN AND APPROVED BY REQUESTOR BEFORE ACTUAL PRODUCTION**

UNIVERSITY OF SOUTH FLORIDA PUBLIC RECORDS INVOICE*					
1. Description of Public Records Request ("PRR"):					
2. Date of PRR:					
3. Name, Address, Telephone Number of Public Records requestor:					
4. Name, Title, and Department of Records Custodian:					
ESTIMATED COST OF DUPLICATION			ACTUAL COST OF DUPLICATION (To be paid by requestor before release of documents)		
**Estimate for special service charges such as IT, file retrieval (additional costs will be charged for redaction of any retrieved records)			Actual cost of IT resources:		
**Estimate of labor cost (extensive clerical and / or supervisory labor) such as review and redaction of documents			Actual cost of labor:		
**Estimate cost of duplication:			**Actual cost of duplication:		
Total Estimated Cost:			Total Actual Cost:		
Payment of the estimated costs authorizes USF to move forward with this PRR and obligates the requestor to be responsible for any additional costs. Any overpayments of the actual costs will be refunded to the requestor.			Payment should be submitted <u>with a copy of this form</u> directly to:		
_____ Signature of Requesting Party			USF Business Payments P.O. Box 947568 Atlanta, GA 30394-7568		
_____ Date			*The USF Cashier's Office will deposit to auxiliary account:		
Estimated time for pick-up:			Acct. No.	Op Unit	Fund
Submitted to Requestor by (office):			Dept.	Product	Initiative

_____			Records will be released when a receipt confirming payment is presented by either the Requestor or Cashier's Office to the Records Custodian.		
Date					

See F.S. 119.07 copy costs (15¢ one sided copies)

****Some Public Records Requests require more than one invoice depending on the steps required for production.**