

| UNIVERSITY OF SOUTH FLORIDA PUBLIC RECORDS CHARGE DOCUMENT | |
|---|--|
| 1. | (a) Description of Public Records Request ("PRR"): |
| | (b) Date of PRR: |
| | (c) Description of reference line on PRR: |
| 2. | Name, Address, Telephone Number of Public Records requestor: |
| 3. | Name, Title, and Department of Records Custodian: |

| 4. ESTIMATED COST OF DUPLICATION | ACTUAL COST OF DUPLICATION (To be paid by requestor before release of documents) | | | | | | | | | | | | |
|---|--|-----------|---------|-------|---------|------------|------------|--|--|--|--|--|--|
| Return Charge Document by mail or facsimile to: Office: _____ Attention: _____ 4202 E. Fowler Avenue, Mail Code: _____ Tampa, Florida 33620 Facsimile: _____ Telephone: _____ | These charges represent the actual cost of duplication and labor expended to produce public records in accordance with this public records request. | | | | | | | | | | | | |
| Estimate (including extensive use of IT resources, file retrieval, etc.): | Actual cost of IT resources: | | | | | | | | | | | | |
| Estimate of labor cost (extensive clerical and / or supervisory labor): | Actual cost of labor: | | | | | | | | | | | | |
| **Estimate cost of duplication: See e-mail for breakdown | **Actual cost of duplication: | | | | | | | | | | | | |
| Total Estimated Cost: | Total Actual Cost: | | | | | | | | | | | | |
| I hereby agree to pay the actual cost of duplication, computer processing, and labor for copies of the public records requested and understand that final costs may vary somewhat from the above-indicated estimate. _____ Signature of Requesting Party (Not Required) _____ Date | Total payment should be submitted <u>with a copy of this form</u> directly to: USF Cashier's Office 4202 E. Fowler Avenue, ADM 131 Tampa, FL 33620 | | | | | | | | | | | | |
| Estimated time for pick-up: | *The USF Cashier's Office will deposit to auxiliary account: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Acct. No.</th> <th style="width:10%;">Op Unit</th> <th style="width:10%;">Fund</th> <th style="width:10%;">Dept.</th> <th style="width:10%;">Product</th> <th style="width:10%;">Initiative</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> and will issue a receipt upon request. Records will be released when a receipt confirming payment is presented to the Records Custodian (unless alternate arrangements are made). | Acct. No. | Op Unit | Fund | Dept. | Product | Initiative | | | | | | |
| Acct. No. | | Op Unit | Fund | Dept. | Product | Initiative | | | | | | | |
| | | | | | | | | | | | | | |
| Submitted to Requestor By (office): _____ _____ Date | | | | | | | | | | | | | |

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