

**\*TO BE COMPLETED BY RECORDS PROCESSING AGENT AND APPROVED BY REQUESTOR BEFORE ACTUAL PRODUCTION OF RECORDS**

<b>UNIVERSITY OF SOUTH FLORIDA STUDENT GOVERNMENT PUBLIC RECORDS REQUEST &amp; CHARGE DOCUMENT</b>	
<b>1.</b>	<b>(a) Description of Public Records Request ("PRR"):</b>
	<b>(b) Date of PRR: Original Request:</b>
	<b>(c) Description of reference line on PRR:</b>
<b>2.</b>	<b>Name, Address, Telephone Number, and Email Address of Public Records Requestor. Must provide U# if student is charged:</b>
<b>3.</b>	<b>Name, Title, and Department of Public Records Requests Processing Agent: GARY MANKA, DIRECTOR FOR SG ADVISING, TRAINING &amp; OPERATIONS (SGATO)</b>

<b>ESTIMATED COST OF DUPLICATION</b>		<b>ACTUAL COST OF DUPLICATION (To be paid by requestor before release of documents)</b>													
Return Request/Charge Document by mail or facsimile to: <b>SG Advising, Training &amp; Operations Bureau Attention: SG Public Records Processing Agent 4202 E. Fowler Avenue, MSC 4300 Tampa, Florida 33620 Facsimile: (813) 905-9993 Telephone: (813) 974-2401</b>		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:	\$	**Actual cost of duplication:	\$												
<b>Total Estimated Cost/Deposit Required before Processing*</b>	<b>\$</b>	<b>Total Actual Cost:</b>	<b>\$</b>												
I understand that I am responsible for providing the deposit to the Cashier's Office before the University can process this request*. In addition, the estimate may not be exact and I hereby agree to pay the <b>actual cost</b> 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.		<b>Total payment should be submitted <u>with a copy of this form</u> directly to:</b>  <b>USF Cashier's Office 4202 E. Fowler Avenue, ALN 147 Tampa, FL 33620</b>  <b>Time Stamp for date submitted:</b>  <hr/> <b>Time Stamp for request filled:</b>													
<hr/> <b>Signature of Requesting Party</b> <b>Date</b>															
*Failure of the parties to pay/collect the required deposit does not waive the obligation of the Requestor to pay the full cost of the production regardless of whether it is retrieved.															
Estimated time for pick-up:		*The USF Cashier's Office will deposit to auxiliary account:													
Submitted to Requestor By (office): <b>SGATO</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Acct. No.</th> <th style="text-align: center;">Op Unit</th> <th style="text-align: center;">Fund</th> <th style="text-align: center;">Dept.</th> <th style="text-align: center;">Product</th> <th style="text-align: center;">Initiative</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">44000</td> <td style="text-align: center;">TPA</td> <td style="text-align: center;">04901</td> <td style="text-align: center;">080000</td> <td style="text-align: center;">SGA005</td> <td style="text-align: center;">0000000</td> </tr> </tbody> </table>		Acct. No.	Op Unit	Fund	Dept.	Product	Initiative	44000	TPA	04901	080000	SGA005	0000000
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		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).													

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

**Revised 9/29/14 GSM**

**Only the yellow highlighted areas are to be completed by requestor.**