

USCIS H-1B Fee Payment Form

International Employee's Full Name (First Last, e.g. John Doe):		International Employee's Date of Birth (mm/dd/yyyy):
Originating Department:	Requested By:	Requester's Email:

Please complete chartstring information only for the specific USCIS H-1B filing fee(s) that you are approving below. All fees do not necessarily apply for all cases. The USCIS fees that you approve but are determined unnecessary after the Berkeley International Office's review will not be charged to the department.

\$460: H-1B Petition (required for all cases)

Account	Fund	Dept	Program/ Function	Chartfield 1	Chartfield 2
57335					

\$2805: USCIS Premium Processing

Account	Fund	Dept	Program/ Function	Chartfield 1	Chartfield 2
57335					

\$500: Fraud Prevention and Detection (not required for UCB H-1B extension requests)

Account	Fund	Dept	Program/ Function	Chartfield 1	Chartfield 2
57335					

\$470: I-539 Application: Dependents in the U.S. changing or extending H-4 status, if including with H-1B petition.

- ☐ International Employee will submit [G-1450](#) credit card information with H-4 application
- ☐ Department will pay:

Account	Fund	Dept	Program/ Function	Chartfield 1	Chartfield 2
57335					

Notes/Comments: Do not split individual fees between multiple chartstrings. Provide a valid chartstring. Make use of Berkeley Financial Systems "Validate COA" tool. Failure to provide a valid chartstring will result in delays.

--

Financial charge approved by:

Approver's Email:

Signature:

Date: