

**Date:** \_\_\_\_\_

**From:** \_\_\_\_\_  
(Bill to) \_\_\_\_\_  
\_\_\_\_\_

**Please perform a background check(s) for the following individual and bill our Organization for the following:**

\_\_\_\_\_ \$35 for Ohio BCI

\_\_\_\_\_ \$35 for FBI

\_\_\_\_\_ \$65 for both BCI & FBI

**The reason for the background check(s) are the following:**

BCI Ohio Revised Reason Code: \_\_\_\_\_

FBI Reason Code: \_\_\_\_\_

**Individual to be fingerprinted:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_