

Date: _____

From: _____
(Bill to) _____

Bill to Email: _____

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: _____