



**For Office Use Only (Attach a copy of the check to this form.)**

|                       |                       |                       |                     |                 |
|-----------------------|-----------------------|-----------------------|---------------------|-----------------|
| Date Request Received | Date Request Reviewed | Date Payment Received | Date Records Mailed | Reviewer's Name |
|-----------------------|-----------------------|-----------------------|---------------------|-----------------|

|                         |                       |                       |
|-------------------------|-----------------------|-----------------------|
| Number of Request Types | Number of Photocopies | Total Cost of Request |
|-------------------------|-----------------------|-----------------------|

Notes: