For assistance please refer to the "FILING GUIDELINES"

If your entity <u>ACC</u> If your entity <u>DOES NOT AC</u>			•	•	ments.		
I. General Information	Depuision Depuision			mining requires	nones.		
A. Department, Agency or Judicial Branch	7600 DEPAR	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES					
B. Location - City & Offices		hee Parkway, Tallal					
C. Program / Services Provided		emote Payment On					
D. E-payment Provider Company	Other, as ind	icated below					
	NIC/Tyler Te	echnologies					
E. Transaction Processes Used: (Y or N)	N	Internet	Y	Customer Service	ce Rep assisted		
	N	POS Terminals	N	Interactive Voice	Response (IVR)		
F. Other E-payment Provider Company	N	Other (Specify)					
G. Provider Agreement Term	From	10/05/20	DI EASE ENTE	R DATES AS MM/DD	AVV		
G. Flovider Agreement Term	То	10/05/25	FLEASE ENTE	R DATES AS WIM/DL	// 1 1		
H. Provider Agreement Number	Т	TR227					
II. Epayment Information							
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts		
(1) American Express	465	\$ 70,419					
(2) Discover	37	\$ 5,900					
(3) MasterCard	975	\$ 154,300					
(4) Visa	2,322	\$ 372,291					
(5) ACH/Echeck	74	\$ 6,150,774					
(6) Others	0	\$ -					
Totals:	3,873	\$ 6,753,684	\$ -		\$ 6,753,684		
B. Fees and Costs:	Fees Retained by Processor	Transaction Processing Costs	Card Brand Costs	Equipment Lease, Service, etc. Costs	Total Fees and Costs to Agency		
Totals:	\$ 8,180	\$ 216	\$ 4,186	\$ -	\$ 12,582		
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources		
Totals:	\$ 4,402	\$ -	\$ -	\$ -	\$ 4,402		
D. Efficiencies experienced due to E-payment operations.	-	nent continued to mand handling paymen		by reducing labor co il.	sts associated with		
III. Preparer Information	Please su	ıbmit Report to co	ordinator - Amb	er.Hodges@MyFlor	idaCFO.com		
A. Name:	Mike Alexan	der					
B. Title:	Bureau Chief	Bureau Chief of Accounting					
C. Telephone Number:	Phone: 850.6	517.3333 Fax: 850.	617.5219				
D. eMail Address:	MikeAlexand	er@flhsmv.gov					
E. Date Submitted: (mm/dd/yyyy)	7/30/2024						

For assistance please refer to the "FILING GUIDELINES"

If your entity <u>ACC</u> If your entity <u>DOES NOT AC</u>			•	•	nents.	
I. General Information						
A. Department, Agency or Judicial Branch	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES					
B. Location - City & Offices	2900 Apalac	hee Parkway, Tallah	nassee, FL 32399			
C. Program / Services Provided	Florida High	way Patrol Commer	rcial Vehicle Enfo	rcement/Citation Payr	nents	
D. E-payment Provider Company	Other, as ind	icated below				
	Bill2Pay (Ca	talis Payments, LLC	C)			
E. Transaction Processes Used: (Y or N)	Y	Internet	N	Customer Service	ce Rep assisted	
	N	POS Terminals	Y	Interactive Voice	Response (IVR)	
F. Other E-payment Provider Company	N	Other (Specify)				
G. Provider Agreement Term	From	04/07/17	DI FASE ENTE	R DATES AS MM/DD	/VV	
G. Hovidel Agreement Term	То	08/31/26	TEEASE ENTE	R DATES AS MINIDE	,, I I	
H. Provider Agreement Number	HSM	V-0216-17				
II. Epayment Information						
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts	
(1) American Express	5,063	\$ 1,262,827				
(2) Discover	248	\$ 69,547				
(3) MasterCard	13,685	\$ 2,830,544				
(4) Visa	24,541	\$ 5,286,308				
(5) ACH/Echeck	4,921	\$ 1,336,404				
(6) Others	0	\$ -				
Totals:	48,458	\$ 10,785,630	\$ -		\$ 10,785,630	
B. Fees and Costs:	Fees Retained by Processor	Transaction Processing Costs	Card Brand Costs	Equipment Lease, Service, etc. Costs	Total Fees and Costs to Agency	
Totals:	\$ -	\$ 340,875	\$ -	\$ -	\$ 340,875	
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources	
Totals:	\$ 340,875	\$ -	\$ -	\$ -	\$ 340,875	
D. Efficiencies experienced due to E-payment operations.	-	nent continued to maind handling paymen		by reducing labor co il.	sts associated with	
III. Preparer Information	Please su	ıbmit Report to co	ordinator - Amb	er.Hodges@MyFlor	idaCFO.com	
A. Name:	Mike Alexan	der				
B. Title:	Bureau Chief	f of Accounting				
C. Telephone Number:	Phone: 850.6	517.3333 Fax: 850.	617.5219			
D. eMail Address:	MikeAlexand	er@flhsmv.gov				
E. Date Submitted: (mm/dd/yyyy)	7/30/2024		_		_	

For assistance please refer to the "FILING GUIDELINES"

If your entity <u>ACC</u>	EPTS E-payme	ents, all cells highlig	ghted in yellow mu	ist be completed.		
If your entity DOES NOT AC	CCEPT E-paym	ents, see FILING G	UIDELINES for n	ninimal filing require	ments.	
I. General Information						
A. Department, Agency or Judicial Branch	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES					
B. Location - City & Offices	2900 Apalac	hee Parkway, Tallal	nassee, FL 32399			
C. Program / Services Provided	Confidential	Tag - Remote Payn	nent Online for Co	nfidential Plates		
D. E-payment Provider Company	Other, as ind	icated below				
	NIC/Tyler To	echnologies				
E. Transaction Processes Used: (Y or N)	N	Internet	Y	Customer Service	ce Rep assisted	
	N	POS Terminals	N	Interactive Voice	Response (IVR)	
F. Other E-payment Provider Company	N	Other (Specify)				
G. Provider Agreement Term	From	10/05/20	PLEASE ENTE	R DATES AS MM/DD)/YY	
G. 110 vides 11greement 10 m	То	10/05/25	TEETISE ETTE		,, 1 1	
H. Provider Agreement Number	Т	TR227				
II. Epayment Information						
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts	
(1) American Express	2	\$ 65				
(2) Discover	0	\$ -				
(3) MasterCard	46	\$ 46,199				
(4) Visa	139	\$ 130,433				
(5) ACH/Echeck	0	\$ -				
(6) Others	0	\$ -				
Totals:	187	\$ 176,697	\$ -		\$ 176,697	
B. Fees and Costs:	Fees Retained by Processor	Transaction Processing Costs	Card Brand Costs	Equipment Lease, Service, etc. Costs	Total Fees and Costs to Agency	
Totals:	\$ 1,899	\$ 10	\$ 3,089	\$ -	\$ 4,998	
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources	
Totals:	\$ 3,099	\$ -	\$ -	\$ -	\$ 3,099	
D. Efficiencies experienced due to E-payment operations.	-	nent continued to maind handling paymen		by reducing labor co il.	sts associated with	
III. Preparer Information	Please su	ıbmit Report to co	ordinator - Amb	er.Hodges@MyFlor	idaCFO.com	
A. Name:	Mike Alexan	der				
B. Title:	Bureau Chief	Bureau Chief of Accounting				
C. Telephone Number:	Phone: 850.6	517.3333 Fax: 850.	617.5219			
D. eMail Address:	MikeAlexand	er@flhsmv.gov				
E. Date Submitted: (mm/dd/yyyy)	7/30/2024					

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If your entity <u>ACC</u>	EPTS E-payme	ents, all cells highlig	ghted in yellow mu	ist be completed.		
If your entity DOES NOT AC	CCEPT E-paym	ents, see FILING G	UIDELINES for n	ninimal filing require	nents.	
I. General Information						
A. Department, Agency or Judicial Branch	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES					
B. Location - City & Offices	2900 Apalaci	hee Parkway, Tallal	nassee, FL 32399			
C. Program / Services Provided	Crash Report	į.				
D. E-payment Provider Company	Other, as ind	icated below				
	NIC/Tyler Te	echnologies				
E. Transaction Processes Used: (Y or N)	Y	Internet	N	Customer Service	ce Rep assisted	
	N	POS Terminals	N	Interactive Voice	Response (IVR)	
F. Other E-payment Provider Company	N	Other (Specify)				
G. Provider Agreement Term	From	10/05/20	PLEASE ENTE	R DATES AS MM/DD)/VV	
G. 110 videl 7 igreement 1erm	То	10/05/25	TEEROE ENTE	K DITTED IND WIND, DE	,, 11	
H. Provider Agreement Number	Т	TR227				
II. Epayment Information						
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts	
(1) American Express	92,558	\$ 1,554,006				
(2) Discover	1,248	\$ 15,266				
(3) MasterCard	114,312	\$ 4,810,034				
(4) Visa	105,182	\$ 1,511,794				
(5) ACH/Echeck	0	-				
(6) Others	0	-				
Totals:	313,300	\$ 7,891,100	\$ 626,600		\$ 7,891,100	
B. Fees and Costs:	Fees Retained by Processor	Transaction Processing Costs	Card Brand Costs	Equipment Lease, Service, etc. Costs	Total Fees and Costs to Agency	
Totals:	\$ 102,175	\$ 18,000	\$ 122,374	\$ -	\$ 242,549	
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources	
Totals:	\$ 140,374	\$ -	\$ -	\$ -	\$ 140,374	
D. Efficiencies experienced due to E-payment operations.	-	nent continued to maind handling paymen		by reducing labor co il.	sts associated with	
III. Preparer Information	Please su	ıbmit Report to co	ordinator - Amb	er.Hodges@MyFlor	idaCFO.com	
A. Name:	Mike Alexan	der				
B. Title:	Bureau Chief	f of Accounting				
C. Telephone Number:	Phone: 850.6	517.3333 Fax: 850.	617.5219			
D. eMail Address:	MikeAlexand	er@flhsmv.gov				
E. Date Submitted: (mm/dd/yyyy)	7/30/2024					

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If your entity <u>ACC</u> If your entity <u>DOES NOT AC</u>			•	•	nents.	
I. General Information						
A. Department, Agency or Judicial Branch	7600 DEPAI	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES				
B. Location - City & Offices	2900 Apalac	hee Parkway, Tallal	nassee, FL 32399			
C. Program / Services Provided		Vehicle Information Tax Returns, Deca	•	ork (CVISN) - Remo	te Payment Online	
D. E-payment Provider Company	Other, as ind	icated below				
	NIC/Tyler To	echnologies				
E. Transaction Processes Used: (Y or N)	Y	Internet	N	Customer Service	ce Rep assisted	
	N	POS Terminals	N	Interactive Voice	Response (IVR)	
F. Other E-payment Provider Company	N	Other (Specify)				
G. Provider Agreement Term	From	10/05/20	DI FASE ENTE	R DATES AS MM/DD)/VV	
G. 110videl Agreement Termi	To	10/05/25	T LEASE ENTE	R DATES AS WIVI/DE	// 1 1	
H. Provider Agreement Number	Т	TR227				
II. Epayment Information						
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts	
(1) American Express	12,578	\$ 3,052,010				
(2) Discover	205	\$ 77,376				
(3) MasterCard	9,125	\$ 2,399,131				
(4) Visa	21,705	\$ 4,630,727				
(5) ACH/Echeck	4,630	\$ 8,636,383				
(6) Others	0	\$ -				
Totals:	48,243	\$ 18,795,627	\$ -		\$ 18,795,627	
B. Fees and Costs:	Fees Retained by Processor	Transaction Processing Costs	Card Brand Costs	Equipment Lease, Service, etc. Costs	Total Fees and Costs to Agency	
Totals:	\$ 84,170	\$ 7,212	\$ 141,514	\$ -	\$ 232,896	
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources	
Totals:	\$ 148,726	\$ -	\$ -	\$ -	\$ 148,726	
D. Efficiencies experienced due to E-payment operations.	-	nent continued to maind handling paymen		by reducing labor co l.	sts associated with	
III. Preparer Information	Please su	ıbmit Report to co	ordinator - Amb	er.Hodges@MyFlor	idaCFO.com	
A. Name:	Mike Alexan	der				
B. Title:	Bureau Chie	Bureau Chief of Accounting				
C. Telephone Number:	Phone: 850.6	517.3333 Fax: 850.	617.5219			
D. eMail Address:	MikeAlexand	er@flhsmv.gov				
E. Date Submitted: (mm/dd/yyyy)	7/30/2024					

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If your entity <u>ACC</u> If your entity <u>DOES NOT AC</u>			•	•	ments.		
I. General Information	pujii			8 1			
A. Department, Agency or Judicial Branch	7600 DEPAR	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES					
B. Location - City & Offices	2900 Apalac	hee Parkway, Tallal	nassee, FL 32399				
C. Program / Services Provided	Data Records	s - In House Remote	e Payment Online	for Third Party Vendo	ors		
D. E-payment Provider Company	Other, as ind	icated below					
	NIC/Tyler Te	echnologies					
E. Transaction Processes Used: (Y or N)	N	Internet	Y	Customer Service	ce Rep assisted		
	N	POS Terminals	N	Interactive Voice	Response (IVR)		
F. Other E-payment Provider Company	N	Other (Specify)					
G. Provider Agreement Term	From	10/05/20	PLEASE ENTE	R DATES AS MM/DD)/VV		
G. 110videt Agreement Term	То	10/05/25	TEERGE ENTE	K DATES AS MINIJOE	,, 1 1		
H. Provider Agreement Number	Т	TR227					
II. Epayment Information							
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts		
(1) American Express	0	\$ -					
(2) Discover	0	\$ -					
(3) MasterCard	0	\$ -					
(4) Visa	0	\$ -					
(5) ACH/Echeck	2,482	\$ 3,459,459					
(6) Others	0	\$ -					
Totals:	2,482	\$ 3,459,459	\$ -		\$ 3,459,459		
B. Fees and Costs:	Fees Retained by Processor	Transaction Processing Costs	Card Brand Costs	Equipment Lease, Service, etc. Costs	Total Fees and Costs to Agency		
Totals:	\$ -	\$ 143	\$ -	\$ -	\$ 143		
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources		
Totals:	\$ 143	\$ -	\$ -	\$ -	\$ 143		
D. Efficiencies experienced due to E-payment operations.	Effective 01/	19/2024, fees and c	osts are absorbed l	by NIC/Tyler Technol	logies.		
III. Preparer Information	Please su	ıbmit Report to co	ordinator - Amb	er.Hodges@MyFlor	idaCFO.com		
A. Name:	Mike Alexan	der					
B. Title:	Bureau Chief	f of Accounting					
C. Telephone Number:	Phone: 850.6	517.3333 Fax: 850.	617.5219				
D. eMail Address:	MikeAlexand	er@flhsmv.gov					
E. Date Submitted: (mm/dd/yyyy)	7/30/2024	_	_				

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If your entity <u>ACC</u>	EPTS E-payme	ents, all cells highlig	thted in yellow mu	ist be completed.		
If your entity DOES NOT AC	CEPT E-paym	ents, see FILING G	UIDELINES for n	ninimal filing require	nents.	
I. General Information						
A. Department, Agency or Judicial Branch	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES					
B. Location - City & Offices	2900 Apalacl	hee Parkway, Tallal	nassee, FL 32399			
C. Program / Services Provided	Field Offices	- Statewide, Driver	Licenses and Mor	tor Vehicle Plate and	Registrations	
D. E-payment Provider Company	Other, as ind	icated below				
	NIC/Tyler Te	echnologies				
E. Transaction Processes Used: (Y or N)	N	Internet	N	Customer Service	ce Rep assisted	
	Y	POS Terminals	N	Interactive Voice	Response (IVR)	
F. Other E-payment Provider Company	N	Other (Specify)				
G. Provider Agreement Term	From	10/05/20	PLEASE ENTE	R DATES AS MM/DD)/VV	
G. 110videt Agreement Term	То	10/05/25	TEMSE ENTE	K DATES AS MINIJOE	,, I I	
H. Provider Agreement Number	Т	R227				
II. Epayment Information						
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts	
(1) American Express	33,538	\$ 2,547,028				
(2) Discover	9,853	\$ 585,427				
(3) MasterCard	222,873	\$ 12,695,423				
(4) Visa	470,855	\$ 29,171,592				
(5) ACH/Echeck	0	\$ -				
(6) Others	26	\$ 1,162				
Totals:	737,145	\$ 45,000,632	\$ -		\$ 45,000,632	
B. Fees and Costs:	Fees Retained by Processor	Transaction Processing Costs	Card Brand Costs	Equipment Lease, Service, etc. Costs	Total Fees and Costs to Agency	
Totals:	\$ 599,446	\$ 43,116	\$ 284,979	\$ -	\$ 927,541	
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources	
Totals:	\$ 328,095	\$ -	\$ -	\$ -	\$ 328,095	
D. Efficiencies experienced due to E-payment operations.	-	ent continued to mand handling paymen		by reducing labor co l.	sts associated with	
III. Preparer Information	Please su	ıbmit Report to co	ordinator - Amb	er.Hodges@MyFlor	idaCFO.com	
A. Name:	Mike Alexan	der				
B. Title:	Bureau Chief	Bureau Chief of Accounting				
C. Telephone Number:	Phone: 850.6	17.3333 Fax: 850.	617.5219			
D. eMail Address:	MikeAlexand	er@flhsmv.gov				
E. Date Submitted: (mm/dd/yyyy)	7/30/2024					

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If your entity ACC	EPTS E-payme	-	ghted in yellow mu	ist be completed.			
If your entity <u>DOES NOT AC</u>	<u>CEPT</u> E-paym	ents, see FILING G	UIDELINES for n	ninimal filing requirer	nents.		
I. General Information							
A. Department, Agency or Judicial Branch	7600 DEPAI	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES					
B. Location - City & Offices	2900 Apalac	hee Parkway, Tallal	nassee, FL 32399				
C. Program / Services Provided	GoRenew - F	Renewal of DL, MV	Plates, Registration	ons and Commercial V	Vehicles		
D. E-payment Provider Company	Other, as ind	icated below					
	NIC/Tyler Te	echnologies					
E. Transaction Processes Used: (Y or N)	Y	Internet	N	Customer Service	e Rep assisted		
	N	POS Terminals	N	Interactive Voice	Response (IVR)		
F. Other E-payment Provider Company	N	Other (Specify)					
G. Provider Agreement Term	From	10/05/20	PLEASE ENTE	R DATES AS MM/DD	/YY		
-	To	10/05/25			,		
H. Provider Agreement Number	Т	TR227					
II. Epayment Information							
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts		
(1) American Express	445	\$ 3,423					
(2) Discover	0	\$ -					
(3) MasterCard	644	\$ 7,371					
(4) Visa	262	\$ 2,614					
(5) ACH/Echeck	0	\$ -					
(6) Others	0	\$ -					
Totals:	1,351	\$ 13,408	\$ 5,030,466		\$ 13,408		
B. Fees and Costs:	Fees Retained by Processor	Transaction Processing Costs	Card Brand Costs	Equipment Lease, Service, etc. Costs	Total Fees and Costs to Agency		
Totals:	\$ 230	\$ 52	\$ 212	\$ -	\$ 494		
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources		
Totals:	\$ 264	\$ -	\$ -	\$ -	\$ 264		
D. Efficiencies experienced due to E-payment operations.	-	nent continued to mand handling paymen		by reducing labor co.	sts associated with		
III. Preparer Information	Please su	ıbmit Report to co	ordinator - Amb	er.Hodges@MyFlori	idaCFO.com		
A. Name:	Mike Alexan	der					
B. Title:	Bureau Chie	f of Accounting					
C. Telephone Number:	Phone: 850.6	517.3333 Fax: 850.	617.5219				
D. eMail Address:	MikeAlexand	er@flhsmv.gov					
E. Date Submitted: (mm/dd/yyyy)	7/30/2024						

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If your entity ACC			ghted in yellow mu	<u> </u>	
If your entity DOES NOT AC			•	•	nents.
I. General Information					
A. Department, Agency or Judicial Branch	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES				
B. Location - City & Offices	2900 Apalac	hee Parkway, Tallal	nassee, FL 32399		
C. Program / Services Provided				note Payment Online f TA/IRP Clearinghous	
D. E-payment Provider Company	Other, as ind	icated below			
	NIC/Tyler Te	echnologies			
E. Transaction Processes Used: (Y or N)	Y	Internet	N	Customer Service	ce Rep assisted
	N	POS Terminals	N	Interactive Voice	Response (IVR)
F. Other E-payment Provider Company	N	Other (Specify)			
G. Provider Agreement Term	From	10/05/20	PLEASE ENTE	R DATES AS MM/DD)/VV
G. Frovider rigicement form	То	10/05/25	TEERSE ENTE	K DITTES INSTITUTED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
H. Provider Agreement Number	Т	TR227			
II. Epayment Information					
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts
(1) American Express	199	\$ 44,678			
(2) Discover	1	\$ 1,056			
(3) MasterCard	68	\$ 31,924			
(4) Visa	171	\$ 75,432			
(5) ACH/Echeck	0	-			
(6) Others	0	\$ -			
T. 4.1	120	Φ 152.000	¢.		ф 152.000
Totals:	439	\$ 153,090	\$ -		\$ 153,090
B. Fees and Costs:	Fees Retained by Processor	Transaction Processing Costs	Card Brand Costs	Equipment Lease, Service, etc. Costs	Total Fees and Costs to Agency
Totals:	\$ 4,210	\$ -	\$ -	\$ -	\$ 4,210
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources
Totals:	\$ -	\$ -	\$ -	\$ -	\$ -
D. Efficiencies experienced due to E-payment operations.	-	nent continued to maind handling paymen		by reducing labor co l.	sts associated with
III. Preparer Information	Please su	ıbmit Report to co	ordinator - Amb	er.Hodges@MyFlor	idaCFO.com
A. Name:	Mike Alexan	der			
B. Title:	Bureau Chief	f of Accounting			
C. Telephone Number:	Phone: 850.6	517.3333 Fax: 850.	617.5219		
D. eMail Address:	MikeAlexand	er@flhsmv.gov			
E. Date Submitted: (mm/dd/yyyy)	7/30/2024				

For assistance please refer to the "FILING GUIDELINES"

If your entity ACC		ents, all cells highli	,	,	1		
If your entity DOES NOT AC		_	•	-	ments.		
I. General Information							
A. Department, Agency or Judicial Branch	7600 DEPAI	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES					
B. Location - City & Offices	2900 Apalac	hee Parkway, Talla	hassee, FL 32399				
C. Program / Services Provided		mmerical Filing Sy Commercial Vehicle		note Payment Online and Fuel Permits)	Filing/Permitting		
D. E-payment Provider Company	Other, as ind	icated below					
	NIC/Tyler Te	echnologies					
E. Transaction Processes Used: (Y or N)	Y	Internet	N	Customer Service	ce Rep assisted		
	N	POS Terminals	N	Interactive Voice	Response (IVR)		
F. Other E-payment Provider Company	N	Other (Specify)					
G. Provider Agreement Term	From	10/05/20	DI FASE ENTI	ER DATES AS MM/DI)/VV		
G. Flovider Agreement Term	То	10/05/25	TEEASE ENTI	EK DATES AS MINI/DI	<i>5/</i> 1 1		
H. Provider Agreement Number	Т	TR227					
II. Epayment Information							
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts		
(1) American Express	853	\$ 124,391					
(2) Discover	187	\$ 14,594]				
(3) MasterCard	6,872	\$ 530,104					
(4) Visa	4,559	\$ 343,378					
(5) ACH/Echeck	0	\$ -					
(6) Others	0	\$ -	_				
Totals:	12,471	\$ 1,012,467	\$ 24,942		\$ 1,012,467		
B. Fees and Costs:	Fees Retained by Processor	Transaction Processing Costs	Card Brand Costs	Equipment Lease, Service, etc. Costs	Total Fees and Costs to Agency		
Totals:	\$ 13,418	\$ 710	\$ 13,167	\$ -	\$ 27,295		
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources		
Totals:	\$ 13,877	\$ -	\$ -	\$ -	\$ 13,877		
D. Efficiencies experienced due to E-payment operations.	-	nent continued to mend handling payme		s by reducing labor co il.	ests associated with		
III. Preparer Information			oordinator - Amb	er.Hodges@MyFlor	idaCFO.com		
A. Name:	Mike Alexan	der					
B. Title:	Bureau Chie	f of Accounting					
C. Telephone Number:	Phone: 850.6	517.3333 Fax: 850).617.5219				
D. eMail Address:	MikeAlexand	ler@flhsmv.gov					
E. Date Submitted: (mm/dd/yyyy)	7/30/2024						

For assistance please refer to the "FILING GUIDELINES"

If your entity <u>ACC</u> If your entity <u>DOES NOT AC</u>			•	•	ments.	
I. General Information						
A. Department, Agency or Judicial Branch	7600 DEPAR	RTMENT OF HIGH	IWAY SAFETY A	AND MOTOR VEHIC	CLES	
B. Location - City & Offices	2900 Apalac	hee Parkway, Tallal	nassee, FL 32399			
C. Program / Services Provided		n House Remote Pa Paying for Decals,	•	Filing and Paying Qu in	arterly Fuel Tax,	
D. E-payment Provider Company	Other, as ind	icated below				
	NIC/Tyler To	echnologies				
E. Transaction Processes Used: (Y or N)	N	Internet	Y	Customer Service	ce Rep assisted	
	N	POS Terminals	N	Interactive Voice	Response (IVR)	
F. Other E-payment Provider Company	N	Other (Specify)				
G. Provider Agreement Term	From	10/05/20	PLEASE ENTE	R DATES AS MM/DD)/VV	
O. Frovidor rigidoment form	То	10/05/25	TEELISE ELVIE		,, 1 1	
H. Provider Agreement Number	Т	TR227				
II. Epayment Information						
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts	
(1) American Express	529	\$ 510,827				
(2) Discover	58	\$ 66,011				
(3) MasterCard	1,691	\$ 1,060,794				
(4) Visa	4,862	\$ 2,775,141				
(5) ACH/Echeck	0	\$ -				
(6) Others	0	-				
Totals:	7,140	\$ 4,412,773	\$ -		\$ 4,412,773	
B. Fees and Costs:	Fees Retained by Processor	Transaction Processing Costs	Card Brand Costs	Equipment Lease, Service, etc. Costs	Total Fees and Costs to Agency	
Totals:	\$ 57,645	\$ 401	\$ 30,458	-	\$ 88,504	
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources	
Totals:	\$ 30,859	\$ -	\$ -	\$ -	\$ 30,859	
D. Efficiencies experienced due to E-payment operations.	-	nent continued to mand handling paymen		by reducing labor co l.	sts associated with	
III. Preparer Information	Please su	ıbmit Report to co	ordinator - Amb	er.Hodges@MyFlor	idaCFO.com	
A. Name:	Mike Alexan	der				
B. Title:	Bureau Chief	Bureau Chief of Accounting				
C. Telephone Number:	Phone: 850.6	517.3333 Fax: 850.	617.5219			
D. eMail Address:	MikeAlexand	er@flhsmv.gov				
E. Date Submitted: (mm/dd/yyyy)	7/30/2024					

For assistance please refer to the "FILING GUIDELINES"

If your entity <u>ACC</u> . If your entity <u>DOES NOT AC</u>			•	-	ments.		
I. General Information		,		<i>C</i> 1			
A. Department, Agency or Judicial Branch	7600 DEPAR	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES					
B. Location - City & Offices	2900 Apalac	hee Parkway, Talla	hassee, FL 32399				
C. Program / Services Provided		Remote Online Systemates and Renewin	_	Paying Quarterly Fuel	Tax, Ordering and		
D. E-payment Provider Company	Other, as ind	icated below					
	NIC/Tyler Te	echnologies					
E. Transaction Processes Used: (Y or N)	Y	Internet	N	Customer Service	ce Rep assisted		
	N	POS Terminals	N	Interactive Voice	Response (IVR)		
F. Other E-payment Provider Company	N	Other (Specify)					
G. Provider Agreement Term	From	10/05/20	PLEASE ENTE	R DATES AS MM/DE)/YY		
G. Frovider Agreement Term	То	10/05/25	TEERSE ENTE	R DITTED IND WINDE	,,11		
H. Provider Agreement Number	Т	TR227					
II. Epayment Information							
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts		
(1) American Express	35	\$ 111,865					
(2) Discover	1	\$ 826					
(3) MasterCard	146	\$ 102,802					
(4) Visa	497	\$ 308,322					
(5) ACH/Echeck	34	\$ 19,858					
(6) Others	0	\$ -					
Totals:	713	\$ 543,673	\$ -		\$ 543,673		
B. Fees and Costs:	Fees Retained by Processor	Transaction Processing Costs	Card Brand Costs	Equipment Lease, Service, etc. Costs	Total Fees and Costs to Agency		
Totals:	\$ 6,061	\$ 41	\$ 5,116	-	\$ 11,218		
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources		
Totals:	\$ 5,157	\$ -	\$ -	\$ -	\$ 5,157		
D. Efficiencies experienced due to E-payment operations.							
III. Preparer Information	Please su	ıbmit Report to co	oordinator - Amb	er.Hodges@MyFlor	idaCFO.com		
A. Name:	Mike Alexan	der					
B. Title:	Bureau Chief	Bureau Chief of Accounting					
C. Telephone Number:	Phone: 850.6	517.3333 Fax: 850	.617.5219				
D. eMail Address:	MikeAlexand	er@flhsmv.gov					
E. Date Submitted: (mm/dd/yyyy)	7/30/2024						

For assistance please refer to the "FILING GUIDELINES"

If your entity <u>ACCEPTS</u> E-payments, all cells highlighted in yellow must be completed.						
If your entity DOES NOT AC	CEPT E-paym	ents, see FILING G	UIDELINES for n	ninimal filing require	nents.	
I. General Information						
A. Department, Agency or Judicial Branch	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES					
B. Location - City & Offices	2900 Apalacl	hee Parkway, Tallal	nassee, FL 32399			
C. Program / Services Provided	Interactive V	oice Response (IVF	R) - D6 Clearance	of Driver License Rec	ord	
D. E-payment Provider Company	Other, as ind	icated below				
	NIC/Tyler Te	echnologies				
E. Transaction Processes Used: (Y or N)	N	Internet	N	Customer Service	ce Rep assisted	
	N	POS Terminals	Y	Interactive Voice	Response (IVR)	
F. Other E-payment Provider Company	N	Other (Specify)				
G. Provider Agreement Term	From	10/05/20	PLEASE ENTE	R DATES AS MM/DD)/VV	
G. 110 videl 11 greement 1 erm	То	10/05/25	TEERSE EIVIE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
H. Provider Agreement Number	Т	R227				
II. Epayment Information						
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts	
(1) American Express	448	\$ 26,880				
(2) Discover	95	\$ 5,700				
(3) MasterCard	2,779	\$ 166,740				
(4) Visa	8,695	\$ 521,700				
(5) ACH/Echeck	0	\$ -				
(6) Others	0	\$ -				
Totals:	12,017	\$ 721,020	\$ -		\$ 721,020	
B. Fees and Costs:	Fees Retained by Processor	Transaction Processing Costs	Card Brand Equipment Lease, Costs Service, etc. Costs Costs to Agency			
Totals:	\$ 9,253	\$ 705	\$ 5,672	-	\$ 15,630	
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources	
Totals:	\$ 6,377	\$ -	\$ -	\$ -	\$ 6,377	
D. Efficiencies experienced due to E-payment operations.	The Department continued to maintain efficiencies by reducing labor costs associated with					
III. Preparer Information	Please submit Report to coordinator - Amber.Hodges@MyFloridaCFO.com					
A. Name:	Mike Alexander					
B. Title:	Bureau Chief of Accounting					
C. Telephone Number:	Phone: 850.617.3333 Fax: 850.617.5219					
D. eMail Address:	MikeAlexander@flhsmv.gov					
E. Date Submitted: (mm/dd/yyyy)	7/30/2024					

For assistance please refer to the "FILING GUIDELINES"

If your entity <u>ACC</u> . If your entity <u>DOES NOT AC</u>		ents, all cells highlig ents, see FILING G	•	•	ments.		
I. General Information							
A. Department, Agency or Judicial Branch	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES						
B. Location - City & Offices	2900 Apalac	hee Parkway, Tallah	nassee, FL 32399				
C. Program / Services Provided	MIX - Remo	te Payment Online	Billing System for	Third Party Vendors			
D. E-payment Provider Company	Other, as ind	icated below					
	NIC/Tyler To	NIC/Tyler Technologies					
E. Transaction Processes Used: (Y or N)	Y	Internet	N	Customer Service	ce Rep assisted		
	N	POS Terminals	N	Interactive Voice	Response (IVR)		
F. Other E-payment Provider Company	N	Other (Specify)					
G. Provider Agreement Term	From	10/05/20	PLEASE ENTE	R DATES AS MM/DE)/VV		
G. Frovider Agreement Term	То	10/05/25	TEENSE ENTE	K DATES AS MINIDE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
H. Provider Agreement Number	Т	TR227					
II. Epayment Information							
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts		
(1) American Express	0	\$ -					
(2) Discover	0	\$ -					
(3) MasterCard	0	\$ -					
(4) Visa	0	\$ -					
(5) ACH/Echeck	24,573	\$ 101,705,303					
(6) Others	0	\$ -					
Totals:	24,573	\$ 101,705,303	\$ -		\$ 101,705,303		
B. Fees and Costs:	Fees Retained Transaction Card Brand Equipment Lease,				Total Fees and Costs to Agency		
Totals:	\$ -	\$ 1,472	\$ -	\$ -	\$ 1,472		
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources		
Totals:	\$ 1,472	\$ -	\$ -	\$ -	\$ 1,472		
D. Efficiencies experienced due to E-payment operations.	Effective 01/19/2024, fees and costs are absorbed by NIC/Tyler Technologies.						
III. Preparer Information	Please submit Report to coordinator - Amber.Hodges@MyFloridaCFO.com						
A. Name:	Mike Alexander						
B. Title:	Bureau Chief of Accounting						
C. Telephone Number:	Phone: 850.617.3333 Fax: 850.617.5219						
D. eMail Address:	MikeAlexander@flhsmv.gov						
E. Date Submitted: (mm/dd/yyyy)	7/30/2024						

For assistance please refer to the "FILING GUIDELINES"

		ents, all cells highlig	ghted in yellow mu	<u> </u>			
If your entity DOES NOT AC			•	•	nents.		
I. General Information							
A. Department, Agency or Judicial Branch	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES						
B. Location - City & Offices	2900 Apalac	hee Parkway, Tallal	nassee, FL 32399				
C. Program / Services Provided	MobileApp -	Vehicle Registration	on Renewals				
D. E-payment Provider Company	Other, as ind	Other, as indicated below					
	PayIt						
E. Transaction Processes Used: (Y or N)	Y	Internet	N	Customer Service	ce Rep assisted		
	N	POS Terminals	N	Interactive Voice	Response (IVR)		
F. Other E-payment Provider Company	Y	Other (Specify)					
G. Provider Agreement Term	From	02/28/17	PLEASE ENTE	R DATES AS MM/DE)/YY		
	То	08/26/24					
H. Provider Agreement Number	HSM	V-0275-17					
II. Epayment Information							
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts		
(1) American Express	0	-					
(2) Discover	0	\$ -					
(3) MasterCard	0	\$ -					
(4) Visa	0	\$ -					
(5) ACH/Echeck	179,128	\$ 13,280,230					
(6) Others	0	\$ -					
Totals:	179,128	\$ 13,280,230	\$ -		\$ 13,280,230		
B. Fees and Costs:	Fees Retained by Processor	Transaction Processing Costs	Card Brand Equipment Lease, Total Fees and Costs Service, etc. Costs Costs to Agence				
Totals:	\$ 719,884	\$ -	\$ -	\$ -	\$ 719,884		
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources		
Totals:	\$ -	\$ -	\$ -	\$ -	\$ -		
D. Efficiencies experienced due to E-payment operations.	The Department continued to maintain efficiencies by reducing labor costs associated with processing and handling payments received by mail.						
III. Preparer Information	Please submit Report to coordinator - Amber.Hodges@MyFloridaCFO.com						
A. Name:	Mike Alexander						
B. Title:	Bureau Chief of Accounting						
C. Telephone Number:	Phone: 850.617.3333 Fax: 850.617.5219						
D. eMail Address:	MikeAlexander@flhsmv.gov						
E. Date Submitted: (mm/dd/yyyy)	itted: (mm/dd/yyyy) 7/30/2024						

For assistance please refer to the "FILING GUIDELINES"

If your entity ACC .			all cells highlig		-		
If your entity DOES NOT AC				-	•	-	nents.
I. General Information						· · ·	
A. Department, Agency or Judicial Branch	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES						
B. Location - City & Offices	2900 Apalac	hee l	Parkway, Tallal	hassee	e, FL 32399		
C. Program / Services Provided	MyDMVPor	tal -	Statewide, Driv	ver Li	cense and Mo	otor Vehicle Plate & I	Registration
D. E-payment Provider Company	Other, as indicated below						
	NIC/Tyler To	echn	ologies				
E. Transaction Processes Used: (Y or N)	Y		Internet	N Customer Service Rep assisted			
	N	P	OS Terminals		N	Interactive Voice	Response (IVR)
F. Other E-payment Provider Company	N	O	ther (Specify)				
G. Provider Agreement Term	From		10/05/20	PI.	EASE ENTE	R DATES AS MM/DD	/VV
O. Frovider rigidoment Term	То		10/05/25				,
H. Provider Agreement Number	Т	TR22	7				
II. Epayment Information							
A. Receipts:	Transaction Count	D	Pirect Receipts		enience Fees Received	Convenience Fee Rate	Total Receipts
(1) American Express	182,210	\$	11,144,144				
(2) Discover	58,876	\$	3,108,455				
(3) MasterCard	479,008	\$	26,501,532				
(4) Visa	1,478,298	\$	82,481,074				
(5) ACH/Echeck	0	\$	-				
(6) Others	0	\$	-				
Totals:	2,198,392	\$	123,235,205	\$	4,396,784		\$ 123,235,205
B. Fees and Costs:	Fees Retained by Processor		Transaction occessing Costs	Ca	ard Brand Costs	Equipment Lease, Service, etc. Costs	Total Fees and Costs to Agency
Totals:	\$ 1,528,635	\$	131,641	\$	1,012,826	\$ -	\$ 2,673,102
C. Payment Sources paying Fees & Costs	Appropriated Funds	C	Compensating Balance		set of Goods Svc, or Info	Other Source (Specify Below)	Total Payment Sources
Totals:	\$ 1,144,466	\$	-	\$	-	\$ -	\$ 1,144,466
D. Efficiencies experienced due to E-payment operations.	The Department continued to maintain efficiencies by reducing labor costs associated with processing and handling payments received by mail.						
III. Preparer Information	Please submit Report to coordinator - Amber.Hodges@MyFloridaCFO.com						
A. Name:	Mike Alexander						
B. Title:	Bureau Chief of Accounting						
C. Telephone Number:	Phone: 850.617.3333 Fax: 850.617.5219						
D. eMail Address:	MikeAlexander@flhsmv.gov						
E. Date Submitted: (mm/dd/yyyy)	7/30/2024						

For assistance please refer to the "FILING GUIDELINES"

If your entity <u>ACC</u> If your entity <u>DOES NOT AC</u>			•	•	ments.		
I. General Information							
A. Department, Agency or Judicial Branch	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES						
B. Location - City & Offices	2900 Apalac	2900 Apalachee Parkway, Tallahassee, FL 32399					
C. Program / Services Provided	PromptPay -	Remote One-Time	Payment Online				
D. E-payment Provider Company	Other, as ind	icated below					
	NIC/Tyler Te	echnologies					
E. Transaction Processes Used: (Y or N)	Y	Internet	N	Customer Service	ce Rep assisted		
	N	POS Terminals	N	Interactive Voice	Response (IVR)		
F. Other E-payment Provider Company	N	Other (Specify)					
G. Provider Agreement Term	From	10/05/20	DI EASE ENTE	R DATES AS MM/DI	N/VV		
G. Hovidel Agreement Term	То	10/05/25	TEEASE ENTE	K DATES AS MINIDE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
H. Provider Agreement Number	Т	TR227					
II. Epayment Information							
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts		
(1) American Express	95	\$ 32,775					
(2) Discover	28	\$ 1,944					
(3) MasterCard	470	\$ 62,930					
(4) Visa	1,290	\$ 205,509					
(5) ACH/Echeck	141	\$ 10,804,419					
(6) Others	0	\$ -					
Totals:	2,024	\$ 11,107,577	\$ -		\$ 11,107,577		
B. Fees and Costs:	Fees Retained by Processor			Equipment Lease, Service, etc. Costs	Total Fees and Costs to Agency		
Totals:	\$ 4,306	\$ 108	\$ 1,707	\$ -	\$ 6,121		
C. Payment Sources paying Fees & Costs	Appropriated Funds	Compensating Balance	Offset of Goods Sold, Svc, or Info	Other Source (Specify Below)	Total Payment Sources		
Totals:	\$ 1,815	\$ -	\$ -	\$ -	\$ 1,815		
D. Efficiencies experienced due to E-payment operations.	The Department continued to maintain efficiencies by reducing labor costs associated with processing and handling payments received by mail.						
III. Preparer Information	Please submit Report to coordinator - Amber.Hodges@MyFloridaCFO.com						
A. Name:	Mike Alexander						
B. Title:	Bureau Chief of Accounting						
C. Telephone Number:	Phone: 850.617.3333 Fax: 850.617.5219						
D. eMail Address:	MikeAlexander@flhsmv.gov						
E. Date Submitted: (mm/dd/yyyy) 7/30/2024							

For assistance please refer to the "FILING GUIDELINES"

If your entity <u>ACCEPTS</u> E-payments, all cells highlighted in yellow must be completed.							
If your entity DOES NOT AC	CCEPT E-paym	ents, see FILING G	UIDELINES for n	ninimal filing require	nents.		
I. General Information							
A. Department, Agency or Judicial Branch	7600 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES						
B. Location - City & Offices	2900 Apalac	hee Parkway, Tallal	nassee, FL 32399				
C. Program / Services Provided	Tax Collecto	r Remote Payment	- Process Revenue	from Tax Collectors	and Vendors		
D. E-payment Provider Company	Other, as ind	icated below					
	NIC/Tyler To	echnologies					
E. Transaction Processes Used: (Y or N)	Y	Internet	N	Customer Service	ee Rep assisted		
	N	POS Terminals	N	Interactive Voice	Response (IVR)		
F. Other E-payment Provider Company	N	Other (Specify)					
G. Provider Agreement Term	From	10/05/20	PLEASE ENTE	R DATES AS MM/DD)/VV		
G. 110 vides 11greement 10 mi	То	10/05/25	TEETISE ETTE		, 1 1		
H. Provider Agreement Number	Т	TR227					
II. Epayment Information							
A. Receipts:	Transaction Count	Direct Receipts	Convenience Fees Received	Convenience Fee Rate	Total Receipts		
(1) American Express	0	-					
(2) Discover	0	\$ -					
(3) MasterCard	0	\$ -					
(4) Visa	0	\$ -					
(5) ACH/Echeck	28,952	\$ 2,343,686,724					
(6) Others	0	\$ -					
Totals:	28,952	\$ 2,343,686,724 \$ - \$ 2,343,68					
B. Fees and Costs:	Fees Retained by Processor	Transaction Processing Costs	Card Brand Equipment Lease, Total Fees a Costs Service, etc. Costs Costs to Age				
Totals:	\$ -	\$ 1,705	\$ -	\$ -	\$ 1,705		
C. Payment Sources paying Fees & Costs	(Specify Delow)				Total Payment Sources		
Totals:	\$ 1,705	\$ -	\$ -	\$ -	\$ 1,705		
D. Efficiencies experienced due to E-payment operations.	Effective 01/19/2024, fees and costs are absorbed by NIC/Tyler Technologies.						
III. Preparer Information	Please submit Report to coordinator - Amber.Hodges@MyFloridaCFO.com						
A. Name:	Mike Alexander						
B. Title:	Bureau Chief of Accounting						
C. Telephone Number:	Phone: 850.617.3333 Fax: 850.617.5219						
D. eMail Address:	MikeAlexander@flhsmv.gov						
E. Date Submitted: (mm/dd/yyyy)	7/30/2024						