



FOIA FEE ITEMIZATION FORM

REQUESTOR'S NAME AND ADDRESS:	
Bill Calculation	Amount
Labor: Searching for and locating the material No. of hours ___ x wage rate	\$
Reviewing the material, including exempt from non-exempt material No. of hours ___ x wage rate	
Postage (Actual Cost)	\$
Duplicating: Labor: No. of hours ___ x Wage Rate (Including fringes) Paper/No. of Pages ___ x Copying Rate \$.10 per page	\$
Other Costs: Describe : (e.g Overtime, cost of duplicating to media other than paper)	\$
Make check (business/personal) or money order payable to: Grosse Pointe Public Library Mail Check/Money Order to : Grosse Pointe Public Library 10 Kercheval Grosse Pointe Farms MI 48236 Return a copy of this invoice with your payment	Total \$
*PLEASE NOTE THAT IF A DEPOSIT IS REQUESTED (TOTAL IS GREATER THAN \$50.00) THE INDICATED AMOUNT IS AN ESTIMATE OF THE COST OF COMPLYING WITH YOUR REQUEST. THE ACTUAL COST MAY VARY FROM THIS AMOUNT.	Deposit
For Internal Use Only	Balance To Be Paid
Requested Information To Be: ___ Provided Without Charge ___ Mailed Upon Receipt of Payment ___ Paid and Picked Up In Person	\$
Date Payment Received: _____ Date Documents Mailed: _____	Date Documents Picked Up: _____