

FOIA FEE ITEMIZATION FORM

Pontiac School District

Requestor's Name	Date of Request
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Estimate Fee	or	Actual Fee
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Item Description	Hourly Rate ¹	Fringe Benefit % ²	Overtime Rate ³	No. of 15-minute increments ⁴	Total Charge
Locating/Retrieving Records	Hourly wage _____ x	1. _____ +/-	\$ _____ =	⁵ \$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Reviewing Records	Hourly wage _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Redacting Records	Hourly wage _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Copying/Duplicating Records ⁶	Hourly wage _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Contracted Labor Costs—Redaction	⁷ Hourly wage _____ x	N/A	N/A	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____

Name of contracted person or firm if applicable: _____	Subtotal Labor Costs = \$ _____
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Copying Cost for Paper Copies⁸

Letter (8½" x 11") paper at \$0.__ each ⁹	Legal (8½"x 14") paper at \$0.__ each	Size _____ paper at \$0.__ each	Size _____ paper at \$0.__ each	Total Charge
No. of Sheets _____ x \$0.__ = \$ _____	No. of Sheets _____ x \$0.__ = \$ _____	No. of Sheets _____ x \$0.__ = \$ _____	No. of Sheets _____ x \$0.__ = \$ _____	\$ _____

Mailing Cost

Cost of Packaging	Postage Cost	Cost of Delivery Confirmation	Special Shipping Cost	Insurance Cost	Total Charge
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____