FOIA FEE ITEMIZATION FORM MONTABELLA COMMUNITY SCHOOLS

Requestor's Name	Date of Request									
Estimate Fee or Actual Fee										
Item Description		Hourly Rate		Fringe Benefit %		Overtime Rate		Hours (rounded down to the ½ hour)	0	Total Charge
Locating/Retrieving	ng Records		ly wage x	1	_+/=	\$	=	\$ x hours		\$
Reviewing Records		Hour	ly wage x	1			=	\$ x hours		\$
Redacting Records			ly wage x	1	_+/=	\$	=	\$ x hours		\$
Copying/Duplicating Records			ly wage x	1	_+/=	\$	=	\$ x hours		\$
Contracted Labor Costs– Redaction		Hourly wagex		N/A			N/A	\$ x hours		\$
Name of contracto	le: _			Subtotal Labor Costs = \$						
Copying Cost for Paper Copies										
Letter (8½" x 11") paper at \$0.05 each		Legal (8½"x 14") paper at \$0.05 each		Letter (8½" x 11") color copies at \$0.15 each			Size paper at \$0each		Total Charge	
No. of Sheets x \$0.05 = \$		No. of Sheets x \$0.05 = \$		No. of Sheets x \$0.15 = \$			No. of Sheets x \$0=		\$	
Mailing Cost										
Cost of Packaging	Postage Cost		Cost of Deliver Confirmation		Special Shipping Cost		g Cost	Insurance Tota Cost Char		tal arge
\$	\$		\$		\$			\$		\$

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Nonpaper Physical Media								
USB Flash Drives	Computer Discs	Other Digital Media	Total Charge					
\$ x number used = \$	\$ x number used = \$	\$ x number used = \$	\$					
Qualified for \$20 Reduct	ion? If yes, subtract \$20.		(\$)					
		TOTAL FEE = \$						
If estimated fee is over \$ deposit of 50% of the est	Paid? Y/N							
Subtract any good-faith	deposit received.		(\$)					
Reduction amount due to 0.5% of fee x days	(\$)							
		TOTAL DUE=	· \$					