Attachment C
Standard Form for Detailed Itemization of Fee Amounts

Saline Area Schools
FOIA Fee Itemization Form

Requestor's Name _____   Date on Request _____

   Hand-Delivered   U.S. Mail   Email   Fax   Other   _____   Date Received[i] _____

Estimated Fee _____ -Or- Actual Fee _____

Record available on website but copy nonetheless requested   Yes   No

Labor Costs[ii]

Hourly Rate[iii]	Fringe Benefit %[iv]	Overtime Rate[v]	No. of 15 minute increments[vi]	Total Charge
Searching/Locating/ Examining Records				
Employee Hourly wage[vii] _____ x	1._____ +/=	$____ =	$ _____/4= $____ x ____ (increments =	$_____
Separating and Deleting Exempt from Nonexempt Information/Records				
Employee Hourly Wage _____ x Or Contracted Labor Costs _____ x (Not to exceed 6x State minimum wage)	1._____+/=	$_____ =	$_____ / 4 = $_____ x _____ (increments) =	$_____
Duplicating or Publishing Records[viii]				
Employee Hourly wage _____x	1._____+/=	$_____ =	$_____ / 4= $_____ x _____ (increments) =	$_____
			Subtotal Labor Cost =	$_____
Name of person or firm engaged under contract to separate and delete exempt from nonexempt information/records, if applicable: _____				

Copying Cost for Paper Copies[ix]

Letter (8½" x 11") paper at $0.__ each[x]	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.___ = $_____	$_____

Postal Delivery Charges

Cost of Packaging	Postage Cost	Cost of Delivery Confirmation	Special Shipping Cost	Insurance Cost	Overnight/ Special Request	Total Charge
$_____	$_____	$_____	$_____	$_____	Yes No $_____	$_____

Non-Paper Physical Media

USB Flash Drives	Computer Discs	Other Digital Media _____	Other/ Special Requested?	Total Charge
$ ___ x number used ____ = $ _____	$ ___ x number used ____ = $ _____	$ ___ x number used _____ = $_____	Yes No Cost $_____	$_____

Discounts
 Qualified for $20 Discount?   Yes   No. If yes, subtract $20.00.
   Indigence (maximum of 2 discounts per calendar year)
   State Designated Non-Profit (e.g., MPAS) (unlimited number of discounts)
 Qualified for Waiver or Reduction as primary and benefiting the general public?
   Yes   No. If yes, insert amount of waiver or reduction. $___
	($_____)

	Total Fee =	$_____

If estimated fee is over $50.00, the District shall charge a good faith deposit of 50 % of the estimated fee. Failure to pay the deposit within 48 calendar days of the District's notice constitutes abandonment, and the District is no longer required to fulfill the request.	Amount of Deposit $_____	Estimated Date Available _____	Paid? Yes No
If a good faith deposit is paid, subtract the amount of the good-faith deposit received.			$(____)
Reduction for untimely response by District? Yes No If yes, subtract 5% of labor costs x _____ days late [up to a maximum 50% reduction of labor costs] = _____ reduction. Diverted to Spam/Junk Mail? Yes No. If yes, indicate date and time *delivered to* Spam/Junk Mail [_____, 20__ at ___am/pm] and date and time *discovered in* Spam/Junk Mail [_____20___ at ____ am/pm][xi]			($____)
Consider: Time increments for labor costs to copy and publish. Total Due =			$_____