

**MICHIGAN DEPARTMENT OF AGRICULTURE & RURAL DEVELOPMENT
FREEDOM OF INFORMATION ACT
RESPONSE BILLING WORKSHEET**

If payment is required as indicated in the accompanying notice, requested information will not be released until the payment described below is received. Please call the MDARD staff member who signed the notice or return this form if you decide you do not wish to receive the records. After 90 days it will be assumed that you no longer require the requested records.

Requestor's Name and Address:		
Bill Calculation		Amount
LABOR: Searching for, locating, and examining the material: No. of Hours: <u>0.00</u> x Wage Rate (including up to 50% for fringes) <u>\$0.00</u> Reviewing the material, including separating exempt from non-exempt material: No. of Hours: 0.00 x Wage Rate (including up to 50% for fringes) <u>\$0.00</u>		\$ 0.00
POSTAGE: (Actual Cost)		\$ 0.00
DUPLICATING: Labor: No. of Hours: 0.00 x Wage Rate (including up to 50% for fringes) \$10.00 Paper: No. of Pages: _____ x Copying Rate \$.10 per page		\$ 0.00
NON PAPER PHYSICAL MEDIA: Describe (e.g. CDs, DVDs, flash drives, etc.)		\$ 0.00
Make check (business/personal) or money order payable to: STATE OF MICHIGAN Mail Check/Money Order to: Michigan Department of Agriculture & Rural Development, P.O. Box 30776, Lansing, MI 48909 Please note this number _____ on your check or return a copy of this invoice with your payment.		TOTAL \$ 0.00
PLEASE NOTE THAT IF A DEPOSIT IS REQUESTED, THE INDICATED AMOUNT IS AN ESTIMATE. THE ACTUAL COST MAY VARY FROM THIS AMOUNT.		DEPOSIT \$ 0.00
For Internal Use Only		
REQUESTED INFORMATION TO BE: <input type="checkbox"/> Mailed upon receipt of final payment <input type="checkbox"/> Paid and picked up in person	Check / M.O. # From:	BALANCE TO BE PAID* \$ 0.00
Date Payment Received:	Date Documents Mailed:	Date Documents Picked Up:
Deposit payment in Agency Account Number:	Cost Center:	Object Code:

Distribution: Requestor
Division FOIA File
FOIA Coordinator
Accounting Service Center