

Freedom of Information Act Detailed Itemization of Fees

Requestor's name and address:	FOIA Number:
Fee Calculation	Amount
1. Labor costs* to search for and retrieve: ___ Hours x \$___ (hourly wage) x <u>50%</u> (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits)	\$
2. Labor costs* for review, examination, and separation of exempt from non-exempt material: ___ Hours x \$___ (hourly wage) x <u>50 %</u> (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits)	\$
3. Non-paper physical media: \$___ USB Drive \$___ DVD-R/CD-R \$___ Other	\$
4. Duplication and publication: Describe (copying, scanning, etc.) \$0.10 (cost per 8x11 page) x ___ number of pages \$0.17 (cost per 11x17 page) x ___ number of pages	\$
5. Labor costs* to duplicate or publish: ___ Hours x \$___ (hourly wage) x <u>50 %</u> (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits)	\$
6. Mailing: Describe and list actual costs.	\$TBD
7. Less waiver for indigent persons (\$20.00)**	
8. Less reduction for untimely response: \$___ subtotal x 5% reduction per day x ___ days	\$ If applicable
9. If the total fee is more than \$50.00, you will be asked to pay a deposit of one-half the total estimated fee (as listed in box 10). The total fee and deposit are estimates, and your final costs may vary from these amounts.	Estimated Fee Total: \$
10. Make check payable to: State of Michigan Mail to: Department of Transportation Attention Cashier's Office P.O. Box 30648 Lansing, Michigan 48909 Please reference FOIA request number of XXXXX on the check. Credit card payments can be made by calling: 517-241-6001	Required Deposit: \$
Balance to be paid:	\$TBD

*Labor costs will be calculated using the lowest paid department employee capable of each task.
 **You must submit an affidavit of indigency to qualify for this fee waiver.