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 ¼ hour)	Total Charge
Locating/Retrieving Records	Hourly wage _____ x	1._____+/=	$_____ =	$ _____ x ____ hours	$_____
Reviewing Records	Hourly wage _____ x	1._____+/=	$_____ =	$ _____ x ____ hours	$_____
Redacting Records	Hourly wage _____ x	1._____+/=	$_____ =	$ _____ x ____ hours	$_____
Copying/Duplicating Records	Hourly wage _____ x	1._____+/=	$_____ =	$ _____ x ____ hours	$_____
Contracted Labor Costs– Redaction	Hourly wage _____ x	N/A	N/A	$ _____ x ____ hours	$_____

Name of contracted person or firm if applicable: _____	**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 $0.__each**	**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 Delivery Confirmation**	**Special Shipping Cost**	**Insurance Cost**	**Total Charge**
$_____	$_____	$_____	$_____	$_____	$_____

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 Reduction? If yes, subtract $20.			**($_____)**
		TOTAL FEE = $_____	
If estimated fee is over $50, the District shall charge a deposit of 50% of the estimated fee.		**Amount of Deposit $_____**	**Paid? Y/N**
Subtract any good-faith deposit received.			**($_____)**
Reduction amount due to untimely response by District: 0.5% of fee x _____ days late = _____ reduction.			**($_____)**
		TOTAL DUE= $_____	