Rev. 03/2020

Michigan Technological University Freedom of Information Act Response

If payment is required, requested information will not be released until the payment described below is received. Please call the Michigan Tech FOIA Coordinator or return this form if you decide you do not wish to receive this information. After 90 days it will be assumed that you no longer require the requested documents.

REQUESTOR'S NAME AND ADDRESS:		
BILL CALCULATION		AMOUNT
LABOR:		
Searching for, locating, and examini No. of Hours: 0.00 x Wage Rate (ng the material: including up to 50% for fringes) <u>0.00</u>	r r
	parate exempt from non-exempt material:	\$
No. of Hours: <u>0.00</u> x Wage Rate (including up to 50% for fringes) 0.00	
POSTAGE: (Actual Cost)		\$
DUPLICATING:		
Labor: No. of Hours: 0.00 x Wage Rate (including up to 50% for fringes) 0.00	•
Paper:	• , —	\$
No. of Pages x Copying Rate	\$ <u>.10</u> per page	
NON PAPER PHYSICAL MEDIA: Do		
		\$
Make check (business/personal) or money order payable to: MICHIGAN TECH Mail Check/Money Order to:		
		TOTAL
		\$
		·
Return a Copy of This Invoice With Your Payment		
PLEASE NOTE THAT IF A DEPOSIT IS REQUESTED, (TOTAL IS GREATER THAN		DEPOSIT
\$50.00), THE INDICATED AMOUNT IS AN ESTIMATE OF THE COST OF COMPLYNG WITH YOUR REQUEST. THE ACTUAL COST MAY VARY FROM THIS AMOUNT.		\$
For Internal Use Only		
REQUESTED INFORMATION TO BE:		BALANCE TO BE PAID
Provided without chargeMailed upon receipt of payment	Check/M.O. #	C
□ Paid and picked up in person	From:	\$
Date Payment Received:	Date Documents Mailed:	Date Document Picked Up: