

**MICHIGAN DEPARTMENT OF TECHNOLOGY, MANAGEMENT & BUDGET
FREEDOM OF INFORMATION ACT RESPONSE**

If payment is required as indicated in the accompanying letter, requested information will not be released until the payment described below is received. Please call the above DTMB contact person 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 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: <u>0.00</u> 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 <u>0.00</u> x Wage Rate (including up to 50% for fringes) <u>0.00</u> Paper: No. of Pages: x Copying Rate \$ <u>.10</u> per page	\$	0.00
NON PAPER PHYSICAL MEDIA: Describe (e.g. CD's, DVD's, flash drives, etc.)	\$	0.00
Make check (business/personal) or money order payable to: STATE OF MICHIGAN Mail Check/Money Order to:	TOTAL	\$ 0.00
Return a Copy of this Invoice With Your Payment		
PLEASE NOTE THAT IF A DEPOSIT IS REQUESTED, (TOTAL IS GREATER THAN \$50.00), THE INDICATED AMOUNT IS AN ESTIMATE OF THE COST OF COMPLYING WITH YOUR REQUEST. THE ACTUAL COST MAY VARY FROM THIS AMOUNT.	DEPOSIT	\$
For Internal Use Only		
REQUESTED INFORMATION TO BE: <input type="checkbox"/> Provided without charge <input type="checkbox"/> Mailed upon receipt of 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 (2)
Agency
Office of Financial Services
DTMB FOIA Coordinator