

**FOIA FEE ITEMIZATION FORM
KRESA**

Requestor's Name <u>Jermaine Robinson</u>	Date of Request <u>11/22/2024</u>
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<input checked="" type="checkbox"/> Estimate Fee	or	<input type="checkbox"/> Actual Fee
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Item Description	Hourly Rate ¹	Fringe Benefit % ²	Overtime Rate ³	No. of 15-minute increments ⁴	Total Charge
Locating/Retrieving Records	Hourly wage <u>\$80</u> x	1. <u>40</u> +/-	\$ <u>0</u> =	⁵ \$ <u>120</u> / 4 = \$ <u>30</u> x <u>12</u> (increments) = (3.0 hrs.)	\$ <u>360.00</u>
Reviewing Records	Hourly wage _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Redacting Records	Hourly wage _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Copying/Duplicating Records ⁶	Hourly wage _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Contracted Labor Costs-Redaction	⁷ Hourly wage _____ x	N/A	N/A	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Name of contracted person or firm if applicable: _____				Subtotal Labor Costs = \$ <u>360.00</u>	
Copying Cost for Paper Copies⁸					
Letter (8½" x 11") paper at \$0.____ each ⁹	Legal (8½"x 14") paper at \$0.____ each	Size _____ paper at \$0.____ each	Size _____ paper at \$0.____ each	Total Charge	
No. of Sheets ____ x \$0.____ = \$ _____	No. of Sheets ____ x \$0.____ = \$ _____	No. of Sheets ____ x \$0.____ = \$ _____	No. of Sheets ____ x \$0.____ = \$ _____	\$ _____	
Mailing Cost					
Cost of Packaging	Postage Cost	Cost of Delivery Confirmation	Special Shipping Cost	Insurance Cost	Total Charge
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____