



**FOIA FEE ITEMIZATION FORM**  
Columbia School District

Requestor's Name _____	Date of Request _____
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_____ Estimate Fee	or	_____ Actual Fee
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Item Description	Hourly Rate <sup>1</sup>	Fringe Benefit % <sup>2</sup>	Overtime Rate <sup>3</sup>	No. of 15-minute increments <sup>4</sup>	Total Charge
Locating/Retrieving Records	Hourly wage _____ x	1. _____ +/-	\$ _____ =	<sup>5</sup> \$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Reviewing Records	Hourly wage _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Redacting Records	Hourly wage _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Copying/Duplicating Records <sup>6</sup>	Hourly wage _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Contracted Labor Costs-Redaction	<sup>7</sup> Hourly wage _____ x	N/A	N/A	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____

Name of contracted person or firm if applicable: _____	Subtotal Labor Costs = \$ _____
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**Copying Cost for Paper Copies<sup>8</sup>**

Letter (8½" x 11") paper at \$0.____ each <sup>9</sup>	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
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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: 5% of fee x _____ days late = _____ reduction.			(\$ _____)
TOTAL DUE= \$ _____			

<sup>1</sup> The hourly rate shall not be more than the hourly wage of the lowest-paid staff member capable of performing the labor in the particular instance.

<sup>2</sup> The District will add up to 50 percent to the applicable labor charge amount to cover or partially cover the cost of fringe benefits; 100 percent of fringe benefit costs will be added to the applicable labor charge if a requestor stipulates that requested website records must be provided in a paper format or in a specific form of electronic media. In either case, the District shall not charge more than the actual cost of fringe benefits.

<sup>3</sup> Overtime rates shall not be included in the calculation of labor costs unless overtime is specifically stipulated by the requestor.

<sup>4</sup> In general, labor cost shall be estimated and charged in increments of 15 minutes, with all partial time increments rounded down. (See note 6 for exception.)

<sup>5</sup> Divide the resulting hourly wage(s) by four to determine the charge per 15-minute increment.

<sup>6</sup> Labor costs for copying/duplicating records may be estimated and charged in time increments of the District's choosing, with all partial time increments rounded down.

<sup>7</sup> This amount shall not exceed an amount equal to six times the state minimum hourly wage rate, which is currently \$9.87.

<sup>8</sup> The District shall utilize the most economical means available for making copies, including using double-sided printing.

<sup>9</sup> The fee shall not exceed 10 cents per sheet of paper for copies made on 8½" by 14" paper.