

<b>REQUESTOR'S NAME AND ADDRESS</b>		
<b>BILL CALCULATION</b>		<b>AMOUNT</b>
<b>LABOR:</b> Searching for and locating the material:		\$
No. of Hours:	x Wage Rate (including fringes) :	
Reviewing the material, including separating exempt from non-exempt material:		
No. of Hours:	x Wage Rate (including fringes) :	
Multiplier used to calculate fringe benefits (up to 50%):		
<b>POSTAGE:</b> (Actual Cost)		\$
<b>DUPLICATING:</b>		\$
Labor:	No. of Hours: x Wage Rate (including fringes) :	
Paper:	No. of Pages: x Copying Rate (per page) :	
<b>OTHER COSTS: Describe</b> (e.g., Overtime, cost of duplicating to media other than paper)		
		\$
Make check (business/personal) or money order payable to:		<b>TOTAL</b>
Mail Check/Money Order to:		\$
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.		<b>DEPOSIT</b>
<b>For Internal Use Only</b>		<b>Balance to be paid:</b>
REQUESTED INFORMATION TO BE:		
Provided without charge	Check/M.O. #	
Mailed upon receipt of payment	From:	
Paid and picked up in person		
Date Payment Received:	Date Documents Mailed:	Date Documents Picked Up: