REQUES <sup>*</sup>	TOR'S NAME AND ADD	RESS:			
DILL OAL	OUL ATION				AMOUNT
	CULATION		AMOUNT		
LABOR:	Searching for and locating the material:				
		5 . /: !!	· ·		<b>6</b>
	No. of hours: X Wage	e Kate (including	Tringes)		\$
	Reviewing the material, including separating exempt from non-exempt:				
	Reviewing the material, including separating exempt from non-exempt.				
	No. of hours: X Wage	Rate (including	fringes)		
Multiplier used to calculate fringe benefits (up to 50%)					
POSTAGE: (Actual Cost)					
					\$
DUPLICATING:					
	No. of hours: X Wage	\$			
Paper: No. of Pages x Copying Rate \$.10 per page					
OTHER COSTS: (e.g. Overtime, cost of duplicating to media other than paper)					
, 5 , , , , , , , , , , , , , , , , , ,					\$
Make check (business/personal) or money order payable to:					
Alvah N. Belding Library					Total
Mail Check/Money Order to:					
302 E. Main St.					\$
Belding, MI 48809					
Return a copy of this Invoice with your payment					
*Please note that is a deposit is requested (total greater than \$50), the indicated amount					Deposit
is an estimate of the cost of complying with your request. The acutal cost may vary from					
this amount.					
For Internal Use Only					Balance
REQUESTED INFORMATION TO BE:			Check/M.O.#		
	Provided without charge  Mailed upon receipt of payment From:				
	-	IL	From.		
Paid and picked up in person  Date Payment Received: Date Documents Mailed: Date Document					ts Picked I In:
Date Documents Maneu.				to i loked Op.	