



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN LIQUOR CONTROL COMMISSION  
ANDREW J. DELONEY  
CHAIRMAN

MIKE ZIMMER  
ACTING DIRECTOR

### FREEDOM OF INFORMATION ACT (FOIA) INVOICE

REQUESTOR'S NAME AND ADDRESS	
<b>TO:</b> Micheal LaFaive Mackinac Center for Public Policy 140 W. Main St., PO Box 568 Midland, MI 48640-0568  <b>RE: Alcohol Pricing in Michigan</b>	<b>Invoice Number:</b> 1351 <b>Account Number:</b> 4066 <b>Date:</b> November 20, 2014 <b>Due Date:</b> ESTIMATE
INVOICE CALCULATION	AMOUNT
<b>LABOR:</b> Locating & Duplicating      No. of Hours: <u>1.50</u> X Hourly Rate <u>33.48</u> Reviewing & Extracting      No. of Hours: <u>0.00</u> X Hourly Rate <u>0.00</u> Other                                No. of Hours: <u>0.00</u> X Hourly Rate <u>0.00</u>	\$ 50.22
<b>POSTAGE:</b>	\$ 0.00
<b>DUPLICATING:</b> No. of Pages: <u>6000</u> X \$ <u>.25</u> per page	\$ 1500.00
<b>OTHER COSTS:</b> Describe (e.g. Overtime, cost of audio tapes etc.)	\$ 0.00
	<b>TOTAL</b>
	\$ 1550.22
*PLEASE NOTE THAT IF A DEPOSIT IS REQUESTED, 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>
	\$ 0.00
<b>Pay By:</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Check	<b>BALANCE DUE*</b>
	\$ 1550.22

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Complete Address of Cardholder: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Please make check or money order payable to the State of Michigan

Fax completed form to (517) 373-4202 OR

Send check or money order & copy of remittance to: Michigan Liquor Control Commission  
Licensing Division  
PO Box 30005  
Lansing, MI 48909