

National Institutes of Health Invoice of Fee for Freedom of Information Act (FOIA) Services				FOIA Case #:	Date of Invoice:	
Instructions: Electronic Payments: Automated Clearing House (ACH) electronic debit via Pay.gov: For additional information, see https://www.pay.gov . If you need assistance using this site, please contact Pay.gov Customer Service at 1-800-624-1373. Check or money order payments: 1. Please write the case number, shown at the top of this form on your check or money order. 2. Make your check or money order payable to DHHS/NIH. 3. Return one copy of this invoice with your check or money order payable to DHHS/NIH. <div style="text-align: center; margin-top: 10px;"> Mail to: NIH FOIA Building 31, Room 5B35 31 Center Drive, MSC 2107 Bethesda, MD 20892-2107 </div> Payment is due within 30 days from the date of this invoice. Interest will be charged after the due date.				Requestor's Name, Organization, and Address: 		
				Fee Category: <input type="checkbox"/> Commercial Use <input type="checkbox"/> Education/Media <input type="checkbox"/> Other		
FOIA Services		# of Items or Hours	Price per Item or Hour	Subtotal	Allow. (if app.)	Total
Reproduction	Standard Pages					
Reproduction	CD/DVD					
Search Costs	Rate 1					
Search Costs	Rate 2					
Search Costs	Rate 3					
Review Costs	Rate 1					
Review Costs	Rate 2					
Review Costs	Rate 3					
Computer Costs (Operators time & search time)	Rate 1					
Computer Costs (Operators time & search time)	Rate 2					
Computer Costs (Operators time & search time)	Rate 3					
Certification Record						
Pay total of →						
Invoice prepared by:			Phone number:		IC:	
Notes:						