

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|------------|--------|
| TO | DATE |
| Mells/FOIA | 6-6-07 |

| | | |
|--|---|--|
| DIRECTOR'S USE ONLY | ACTION REQUESTED | |
| 1. LOG NUMBER 030760 | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ | |
| 2. DATE SIGNED BY DIRECTOR | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ | |
| cc: Stensland, Singleton Cleaveland, 1/14/07 , letter attached. | | |
| <input type="checkbox"/> Necessary Action | | |

| APPROVALS (Only when prepared for director's signature) | APPROVE | * DISAPPROVE (Note reason for disapproval and return to preparer.) | COMMENT |
|--|---------|---|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

TO:
FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

| | | | |
|---|-------|-------|----------|
| Staff processing time at \$10.00 per hour | _____ | Hours | \$ _____ |
| Pages copied at \$.10 per page | _____ | Pages | \$ _____ |
| Pages faxed at \$.20 per page | _____ | Pages | \$ _____ |
| Shipping and Handling Costs | | | \$ _____ |
| Other costs associated with the FOIA request: | _____ | | \$ _____ |

Total Amount Due SCDHHS: \$ _____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature _____ Date: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235



State of South Carolina
Department of Health and Human Services

Log 0760 ✓

Mark Sanford
Governor

Susan B. Bowling
Acting Director

June 14, 2007

Ms. Sherry Hipp
CES, Inc.
636 Powdersville Rd.
Easley, SC 29642

Dear Ms. Hipp:

In response to your recent Freedom of Information Act request, enclosed you will find the billing for processing the information you requested from our office.

I hope this information is helpful to you. If you should have any questions, please contact Brandy Putnam at (803) 898-1016.

Sincerely,

A handwritten signature in cursive script that reads "William L. Wells".

William L. Wells, CPA
Deputy Director

WLW/bep
Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Susan B. Bowling
Acting Director

June 14, 2007

TO: Sherry Hipp
FROM: William L. Wells, CPA
Deputy Director
SUBJECT: Cost of Processing FOIA Request # 760

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

| | | | |
|---|----|-------|----------|
| Staff processing time at \$10.00 per hour | 1 | Hours | \$10.00 |
| Pages copied at \$.10 per page | 35 | Pages | \$ 3.50 |
| Pages faxed at \$.20 per page | | Pages | \$ _____ |
| Shipping and Handling Costs | | | \$ 1.00 |
| Other costs associated with the FOIA request: | | | \$ _____ |

Total Amount Due SCDHHS: \$14.50

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact Brandy Putnam at (803) 898-1016 should you have any questions.

William L. Wells
Signature _____ Date 6/14/07