

Letsprotectourearth



SITE REMEDIATION PROGRAM  
OVERSIGHT COST INVOICE

For more information, put your mouse over or click the question mark icon.   
To close the comment, click the X at the top of the comment.

Billing ID #	Type of Notice	Billing Date	Due Date	Amount Due
E12345678	DIRECT	07/11/07	08/11/07	\$ 16,154.32

**KEEP THIS PORTION FOR YOUR RECORDS**

SF= 0.00 DF= 7,523.50

<b>CASE INFORMATION ID AND LOCATION</b> 111222333444 123 MAIN ST 123 MAIN ST ANYTOWN CITY WARREN	<b>BILLING PERIOD / CASE MANAGER AND LEAD PROGRAM</b> 02/16/07 TO 05/11/07 UNASSIGNED DRPSR-ISEE-BUST	<b>SUMMARY OF CHARGES</b> CURRENT PERIOD      PREV. UNPAID	
		\$ 7,523.50	\$ 8,630.82
		<b>PAYMENT PLAN SCHEDULE</b> Min. Amount Due \$ 342.00	

MESSAGES:

REMINDER:

- If this Invoice indicates a "Min.Amount Due" in the PAYMENT PLAN SCHEDULE Section, please pay the amount shown.
- See the back of this form for an explanation of the enclosed documents.
- Please return the BOTTOM PORTION of this INVOICE with your PAYMENT via the enclosed envelope.

Send Billing Inquiries to:  
NJDEP  
Division of Remediation Support  
Fiscal Support Services  
PO BOX 413  
Trenton, NJ 08625-0413

or contact directly at:  
(609)-633-0701 (PHONE)  
(609)-633-1439 (FAX)

INVOICE NO.  
012345678

D8501F (R 10/03)

Letsprotectourearth



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

INVOICE NO.  
012345678

SITE REMEDIATION PROGRAM  
OVERSIGHT COST INVOICE

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E12345678	DIRECT	07/11/07	08/11/07	\$ 16,154.32

For name and/or address change, check box and write corrections on the back of this invoice.

**DO NOT FOLD, BEND OR MARK**

SF= 0.00 DF= 7,523.50

Enter the Amount of your Payment



\$
----

**RETURN THIS PORTION** with your check made payable to:

TREASURER - STATE OF NEW JERSEY  
and mail to:

NJ DEPARTMENT of TREASURY  
DIVISION OF REVENUE  
PO BOX 417  
TRENTON, NJ 08646-0417

85

JOHN DOE & SMITH LLP  
ATTN: JOHN DOE  
123 MAIN ST  
ANYTOWN NJ 08008-1234

Your OVERSIGHT COST INVOICE Forms

Enclosed you will find documents which detail oversight costs incurred by the New Jersey Department of Environmental Protection (Department) at the referenced case. This package contains the following:

**COST OVERSIGHT INVOICE**

Contains information relative to the case location and billable amount. When making payment, return the bottom portion of this page with your remittance. This document also includes a Change of Mailing Address form.

**EXPENDITURE SUMMARY**

Contains a summary of the charges incurred by the Department for a case, including a breakdown of direct and indirect salary costs by fiscal year, and total non-salary costs. The calculation of the factors used to determine total salary cost is also provided. These factors are usually defined as follows:

**Salary Additive Rate** - A percentage of costs applicable to sick time, vacation time and other similar time which cannot be billed to an individual site, and is necessary to insure full compensation of an employee's direct salary.

**Fringe Benefit Rate** - The Department's contribution for the employee's pension, health benefits, worker's compensation, temporary disability and F.I.C.A. (Federal Insurance Contribution Act).

**Indirect Cost Rate** - The Department's general operating expenses which cannot be assigned to a specific case, including such costs as building rent, utilities and Department upper management salaries. (Director, Commissioner)

**COST ANALYSIS (SALARY)**

Contains information on the Department's salary charges incurred on the case during the period indicated. This breakdown includes, in part, the individual who charged time to the case, the two week pay period during which the time was charged, a description of the activity performed and the direct salary cost incurred by the Department. This could be multiple pages.

**COST ANALYSIS (NON-SALARY)**

Contains information on the Department's non-salary charges incurred on the case for the period indicated, such as Department sampling and analytical costs, and contractor expenses. As above, this includes the vendor who worked on the case, the date the invoice was paid, a description of the activity performed and non-salary cost incurred by the Department. This could be multiple pages.

D850 1B (R 10/03)

**CHANGE OF MAILING ADDRESS INFORMATION PLEASE PRINT**

Business or Company Name : \_\_\_\_\_

Care/Attention of : \_\_\_\_\_ Telephone No. : \_\_\_\_\_

Delivery Address : A) PO Box \_\_\_\_\_ B) Rural Route \_\_\_\_\_ Box \_\_\_\_\_  
(Indicate One) No. No. No.

C) Street Address \_\_\_\_\_ Street Name \_\_\_\_\_  
No.

D) Mail Stop \_\_\_\_\_

Other : Bldg Name/Number \_\_\_\_\_ Floor Number \_\_\_\_\_  
(Optional)

Room Name/Number \_\_\_\_\_ Suite Name/Number \_\_\_\_\_

Postal City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

NOTE: The values shown on this sample invoice are only examples. Your invoice may have different values.



SITE REMEDIATION PROGRAM  
OVERSIGHT COST INVOICE

EXPENDITURE SUMMARY ?  
FOR PERIOD 02/16/07 TO 05/11/07

CASE INFORMATION

ID NUMBER : 111222333444  
LOCATION : 123 MAIN ST  
123 MAIN ST  
ANYTOWN CITY  
WARREN

DEP CASE MANAGER : UNASSIGNED  
LEAD PROGRAM : DRPSR - ISEE - BUST


DEP ADMINISTRATIVE CHARGES FOR OVERSIGHT

SALARY ADDITIVE FRINGE BENEFIT RATE <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span>								INDIRECT SALARY COSTS (B) <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span>			COST <sup>2</sup>
SALARY COSTS (A)											
FISCAL YEAR	BASE SALARIES <sup>1</sup>	ADDITIVE RATE %	ADDITIVE AMOUNT	ADDITIVE SUBTOTAL	FRINGE RATE %	FRINGE AMOUNT	SUBTOTAL A	BASE SALARIES	INDIRECT RATE %	SUBTOTAL B	SUBTOTAL A + B
2007	2,704.12	23.00	621.95	3,326.07	34.75	1,155.81	4,481.88	2,704.12	95.29	2,576.76	7,058.64
	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span>			<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span>				<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span>		7,058.64
								TOTAL CASE MANAGEMENT COSTS		<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span>	7,058.64
								DIRECT COSTS: DIVISION OF LAW ADMINISTRATION CHARGES		<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span>	0.00
								NON-SALARY COSTS		<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span>	464.86
								TOTAL		<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span>	7,523.50

1 See "COST ANALYSIS (SALARY)" page for detailed breakdown.  
2 See "COST ANALYSIS (NON-SALARY)" page for detailed breakdown.



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OVERSIGHT COST INVOICE









COST ANALYSIS (SALARY)   
FOR PERIOD 02/16/07 TO 05/11/07

CASE INFORMATION

ID NUMBER : 111222333444  
LOCATION : 123 MAIN ST  
123 MAIN ST  
ANYTOWN CITY  
WARREN

DEP CASE MANAGER : UNASSIGNED  
LEAD PROGRAM : DRPSR-ISEE-BUST

DEP SALARY CHARGES FOR OVERSIGHT

FISCAL YEAR	ACTIVITY DESCRIPTION 	JOB NUMBER 	NAME 	PERIOD ENDING 	TRANS CODE <sup>1</sup> 	HOURS 	AMOUNT (\$)	WCC 	ORGANIZATION DESCRIPTION 
2007	PA/SI Report	A1234567	SMITH	T 02/16/07	521	9.50	392.50	MQB	BEECRA
2007	Remedial Investigation Re	A1234567	JONES	T 03/02/07	521	10.00	413.15	MQB	BEECRA
2007	Field Visit	A1234567	SMITH	T 03/16/07	521	8.00	330.52	MQB	BEECRA
2007	Remedial Investigation Re	A1234567	SMITH	T 03/30/07	521	9.00	371.84	MQB	BEECRA
2007	Remedial Investigation Re	A1234567	JONES	K 04/13/07	521	5.50	235.45	MQB	BEECRA
2007	Remedial Investigation Re	A1234567	JONES	J 04/13/07	521	2.00	104.42	MQB	BEECRA
2007	Remedial Investigation Re	A1234567	SMITH	H 04/13/07	521	1.00	47.53	MPE	BFO - METRO
2007	Supplemental RI Report	A1234567	SMITH	T 05/11/07	521	8.00	330.52	MQB	BEECRA
2007	Remedial Investigation Re	A1234567	SMITH	K 05/11/07	521	1.00	44.38	MQB	BEECRA
2007	RAWP Report	A1234567	SMITH	T 04/27/07	521	10.50	433.81	MQB	BEECRA


<sup>1</sup> "DOL" indicates Division of Law salary charges not included in Base Salary.



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

INVOICE NO.  
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COST ANALYSIS (NON-SALARY)   
FOR PERIOD 02/16/07 TO 05/11/07

CASE INFORMATION

ID NUMBER : 111222333444  
LOCATION : 123 MAIN ST  
123 MAIN ST  
ANYTOWN CITY  
WARREN

DEP CASE MANAGER : UNASSIGNED  
LEAD PROGRAM : DRPSR-ISEE-BUST

NON-SALARY CHARGES FOR OVERSIGHT

FISCAL YEAR	ACTIVITY DESCRIPTION 	JOB NUMBER 	VENDOR 	TRANS DATE	TRANS CODE 	AMOUNT (\$)	WCC 	ORGANIZATION DESCRIPTION 	DOCUMENT NUMBER 
2007	Emergency Response	B1234567	SIMPSON	03/14/07	525	464.86	HDB	BSM	987654321