

**NJEMs Bill ID:** This is a unique identification number created by the billing software to identify this particular invoice with the responsible party.

**Assessment Types**  
SF (Oversight – Spill Fund) or DF (Oversight – HDSRF). This field is used for DEP accounting and represents where a DEP employee's salary is derived from, i.e., the 'Spill Fund' or the 'Hazardous Discharge Site Remediation Fund'.

**Due Date:** Indicates the date that the amount due should be received by Department of Treasury to avoid interest charges.

**Prev. Unpaid:** Previous charges for Site Remediation oversight costs that remain unpaid and were detailed in previous invoices.

Billing ID #
E12345678

	DIRECT	Billing Date	07/11/07
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Due Date	08/11/07
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Amount Due	\$
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**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	
<b>MESSAGES:</b>	<b>Summary of Charges</b> <b>Current Period:</b> Amount of Site Remediation oversight costs incurred during the billing cycle noted and detailed in the attached pages of this invoice.	<b>Payment Plan Schedule:</b> <b>Minimum Amount Due –</b> If you are on a payment plan with the DEP, please pay this amount.	
<b>Program Interest ID #:</b> This is a unique identification number used by the Site Remediation Program.	<b>Case Manager and Lead Program:</b> Indicates the current or last active Site Remediation Program Case Manager as well as the current or last active lead program (acronym) for the Site Remediation Program.	<b>Invoice No.:</b> This is a unique Department of Treasury identification number that should be written on your payment check.	
<b>REMINDER:</b> - If this pay the - See the - Please	" in the PAYMENT PLAN SCHEDULE on of the enclosed documents INVOICE with your PAYMENT via		

Send Billing Inquiries to:  
 NJDEP  
 Division of Remediation Support  
 Support Services  
 BOX 413  
 08625-0413

(609) 633-6333 (PHONE)  
 (609)-633-6333 (FAX)

INVOICE NO.  
012345678

**NJEMs Bill ID:** This is a unique identification number created by the billing software to identify this particular invoice with the responsible party.



DEPARTMENT OF ENVIRONMENTAL PROTECTION

INVOICE NO.  
012345678

REMEDIATION PROGRAM  
OVERSIGHT COST INVOICE

Billing ID #
E12345678

Type of Notice
DIRECT

Billing Date
07/11/07

Due Date
08/11/07

Amount Due
\$ 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

\$
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**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.

D8501B (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 \_\_\_\_\_  
No. Street Name

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

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

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

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

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL  
 SITE REMEDIATION PROGRAM  
 OVERSIGHT COST INVOICE

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

**Expenditure Summary:** The calculations on this page represent the oversight cost formula used by the Department for oversight activities that are directly billed to the person conducting the remediation of a site. This formula is found in the Oversight Rules, 7:26C at: [http://www.state.nj.us/dep/srp/regs/oversight/oversight\\_09.pdf](http://www.state.nj.us/dep/srp/regs/oversight/oversight_09.pdf)

**Salary Additive & Fringe Benefit Rate Calculation:** This section of the page shows, by fiscal year, the calculation of the 'Additive Sub-total' (Base Salary x Additive Rate). It also shows the calculation of the 'Fringe Benefit' (Additive Sub-total x Fringe Rate). These two calculations are combined into 'SUBTOTAL A.'

**Indirect Salary Costs Calculation:** This section of the page shows, by fiscal year, the calculation of the indirect salary costs (Base Salary x Indirect Rate). This calculation is shown as 'SUBTOTAL B.'

**Division of Law Administrative Charges:** Charges would list here if a delinquent account had been referred to the Division of Law for cost recovery services.

CASE INFORMATION

ID NUMBER : 111222333444  
 LOCATION : 123 MAIN ST  
 ST  
 CITY

DEP CA  
 LEAD P

DIRECT CHARGES FOR OVERSIGHT

**Base Salaries:** This is the sum of the salary 'amounts' on the "Cost Analysis (Salary)" page of the invoice.

SALARY ADDITIVE FRINGE BENEFIT RATE  
 SALARY COSTS (A)

INDIRECT SALARY COSTS (B)

COST<sup>2</sup>

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	2,576.65	7,058.64
TOTAL CASE MANAGEMENT COSTS											7,058.64
DIRECT COSTS: DIVISION OF LAW ADMINISTRATION CHARGES											0.00
NON-SALARY COSTS											464.86
											7,523.50

**Additive Rate %:** The salary additive rate represents the prorated percentage of charges attributable to NJDEP employees' reimbursable "down time." Reimbursable "down time" includes vacation time, administrative leave, compensatory time, sick leave, holiday time, emergency or early closing, jury duty, absent with pay, convention, injury in the line of duty (SLI), military allowance with pay, union negotiating sessions, lost time on first day of injury, counseling employee advisory service, union business activities, grievances/ hearings/ Department conferences, civil service examinations, absent with pay in lieu of working holiday, and workers' compensation/SLI.

**Fringe Rate %:** Represents the Department's percentage charges for the following benefits: pension, health benefits including prescription drug and dental care program, workers compensation temporary disability insurance, unused sick leave and FICA.

**Indirect Rate %:** The rate which has been developed for the recovery of indirect program costs in the Site Remediation Program. This indirect rate is developed by the Department on an annual basis in accordance with the New Jersey Department of Treasury. The components of the indirect program cost rate include the Department's operating and overhead expenses that cannot be coded as direct salary charges for a particular case. In addition, the indirect cost rate includes the Site Remediation Program's proportionate share of the costs associated with the Offices of the Commissioner, the Division of Financial Management and General Services, and the Division of Personnel.

**Non-Salary Costs:** See "Cost Analysis (Non-Salary)" page for the detailed breakdown of the direct costs. Examples of Direct Costs are equipment or supply costs as well as Emergency Response overtime hours. These costs are not subject to additive, fringe, or indirect multipliers.

**SITE REMEDIATION PROGRAM  
OVERSIGHT COST INVOICE**

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

**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 DEP staff member 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 section may be multiple pages.

**Trans Code:** An internal DEP identification number used to indicate the type of salary.

**Activity Description:** A general description of the type of activity or document review performed by DEP staff (or vendor in the case of the non-salary cost page).

**Job Number:** This is a unique identification number used by the DEP to track staff time associated with a case.

UNASSIGNED  
RPSR - ISEE - BUST

**Hours:** Represents the total hours worked by DEP staff during the two week period preceding the date indicated in the Period Ending column.

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	02/16/07	521	9.50	392.50	MQB	BEECRA
2007	Remedial Investigation Re	A1234567	JONES	03/02/07	521	10.00	413.15	MQB	BEECRA
2007	Field Visit	A1234567	SMITH	03/16/07	521	8.00	330.52	MQB	BEECRA
2007	Remedial Investigation Re	A1234567	SMITH	03/30/07	521	9.00	371.84	MQB	BEECRA
2007	Remedial Investigation Re	A1234567	JONES	04/13/07	521	5.50	235.45	MQB	BEECRA
2007	Remedial Investigation Re	A1234567	JONES	04/13/07	521	2.00	104.40	MQB	BEECRA
2007	Remedial Investigation Re	A1234567	SMITH	04/13/07	521	1.00	47.50	MPE	BFO - M O
2007	Supplemental RI Report	A1234567	SMITH	05/11/07	521	8.00	330.00	MQB	BEECRA
2007	Remedial Investigation Re	A1234567	SMITH	05/11/07	521	1.00	44.00	MQB	BEECRA
2007	RAWP Report	A1234567	SMITH	04/27/07	521	10.50	433.00	MQB	BEECRA

**Name:** The name of the DEP staff member who performed that activity during that billing period.

**Period Ending:** Represents the last calendar day of the prior two week period in which the 'hours' were billed (e.g. 02/16/07 actually represents the two week period from 02/03/07 - 02/16/07).

**WCC: Working Cost Center**  
- An internal DEP identification code used to indicate what program a DEP staff member works in (for billing purposes).

**Organization Description:** A DEP acronym for the name of the bureau.

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

**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 or analytical costs, and contractor expenses. This page would include the vendor who worked on the case, the date the invoice was paid, a description of the activity performed and the non-salary cost incurred by the Department. This section may be multiple pages.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 SITE REMEDIATION PROGRAM  
 OVERSIGHT COST INVOICE

INVOICE NO.  
012345678

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

**WCC: Working Cost Center-**  
 An internal DEP identification code used to indicate what program a DEP staff member works in (for billing purposes).

**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

**Activity Description:** A general description of the type of activity or document review performed by DEP staff (or vendor in the case of the non-salary cost page).

**Job Number:** This is a unique identification number used by the DEP to track staff time associated with a case.

**Vendor:** If noted, it represents the name of the vendor to whom payment was made for services.

**Trans Code:** An internal DEP identification number used to indicate the type of salary.

**Organization Description:** A DEP acronym for the name of the bureau.

**Document Number:** An internal DEP identification number used to track paid vendor or supply invoices.