

PRO FORMA

Please Remit To:

INDIANA DEPT OF ENVIRONMENTAL MGMT.
CASHIER OFFICE, MAIL CODE 50-10C
100 NORTH SENATE AVENUE
INDIANAPOLIS IN 46204

Page:

Invoice No: 000089164
Status/Type: NEW/Regular
Invoice Date: 02/28/2008
Customer Number: GST100026975
Bill Type: 003
Payment Terms: NET 30

Bill To:

GE CONSUMER & INDUSTRIAL
MR MIKE GOLDSTEIN
APPLIANCE PARK
AP 26-100
LOUISVILLE KY 40225

Est. Due Date:

AMOUNT DUE: 832.12 USD

Amount Remitted

☐ Note Address Changes Above

For billing questions, please call 317-233-0604

Line	Adj	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
<p>For additional information concerning this invoice, please contact the State Cleanup Program directly at (317) 233-2570.</p> <p>The State Cleanup Program site/incident number is listed below the billing notes in the description column. The site number is listed as a seven-digit number. For example, site no. 1999-99-999 would be listed as 99999999.</p> <p>Invoice costs include cost of response/remediation incurred by IDEM including personnel time and effort. Personnel costs include project oversight, telephone calls, meetings, document/technical reviews, letter correspondence, & database/file maintenance.</p> <p>Additional costs incurred by IDEM may include travel costs, sampling/laboratory analytical costs, and contractor costs.</p> <p>This invoice reflects costs of response and remediation incurred by IDEM and the State of Indiana from March 11, 2007 through September 08, 2007.</p> <p>Owners, operators, and responsible parties are liable for the costs of response and remediation incurred by IDEM and the State of Indiana. IC 13-25-4-8, Section 107(a) of CERCLA, and/or IC 13-24-1-4.</p> <p>Pursuant to IC § 24-4.6-1, interest shall begin accruing as of the date of this invoice if payment is not received within thirty (30) days of the date of this invoice.</p> <p>Checks should be made payable to the:</p> <p style="text-align: center;">HAZARDOUS SUBSTANCE RESPONSE TRUST FUND</p>							
1		0705145	Personnel Costs	1.00			832.12

TOTAL AMOUNT DUE:

832.12

A copy of your invoice must be included with payment.

Time and Effort System

Site Specific Expenses Report (Summary)

Site: 0705145 GE Consumer & Industrial

Employee Name	Pay Period	Start/End Dates	Grant Code	Hours	Gross Amount	Fringe Amount	Indirect Cost (26.70%)
Baker, Mindy Jo	0712	5/20/07-6/02/07	3088000	0.750	13.070	7.150	5.399
Employee Totals:				0.750	13.070	7.150	5.399

Employee Name	Pay Period	Start/End Dates	Grant Code	Hours	Gross Amount	Fringe Amount	Indirect Cost (26.70%)
McIntire, Kristy Mae	0718	8/12/07-8/25/07	3088000	4.030	86.910	42.540	34.563
	0719	8/26/07-9/08/07	3088000	0.080	1.710	0.820	0.676
Employee Totals:				4.110	88.620	43.360	35.239

Employee Name	Pay Period	Start/End Dates	Grant Code	Hours	Gross Amount	Fringe Amount	Indirect Cost (26.70%)
Raftis, Robyn Renee	0719	8/26/07-9/08/07	3088000	16.720	336.530	168.030	134.718
Employee Totals:				16.720	336.530	168.030	134.718

Site Totals: 21.580 438.220 218.540 175.355

Grand Totals: 21.580 438.220 218.540 175.355

438.22 +
218.54 +
175.355 +

003

832-112

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