

Cost Recovery 2007-05-145

PRO FORMA

Please Remit To: INDIANA DEPT OF ENVIRONMENTAL MGMT CASHIER OFFICE, MAIL CODE 50-10C 100 NORTH SENATE AVENUE INDIANAPOLIS IN 46204	Page: 1 Invoice No: 000089164 Status/Type: NEW/Regular Invoice Date: 02/28/2008 Customer Number: GST100026975 Bill Type: 003 Payment Terms: NET 30
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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
For additional information concerning this invoice, please contact the State Cleanup Program directly at (317) 233-2570. 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 9999999. 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. Additional costs incurred by IDEM may include travel costs, sampling/laboratory analytical costs, and contractor costs. This invoice reflects costs of response and remediation incurred by IDEM and the State of Indiana from March 11, 2007 through September 08, 2007. 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. 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. Checks should be made payable to the: HAZARDOUS SUBSTANCE RESPONSE TRUST FUND							
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 +

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