

Costigan & Costigan, LLC

1222 Spruce Street Philadelphia, PA 19107

215-546-7215

Invoice submitted to:  
Borough of Buena  
616 Central Avenue  
Minotola NJ 08341

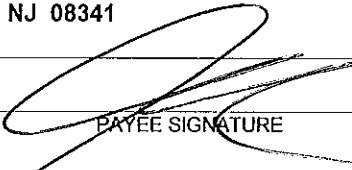
June 01, 2022

Invoice #15304

Professional Services

|                                                                      | <u>Hrs/Rate</u>   | <u>Amount</u> |
|----------------------------------------------------------------------|-------------------|---------------|
| 5/3/2022 Draft/revise<br>prepare new tow ordinance                   | 4.00<br>150.00/hr | 600.00        |
| 5/5/2022 Communicate (other external)<br>discussions with staff      | 2.00<br>150.00/hr | 300.00        |
| Draft/revise<br>discussions with Franklin on ordinance and revisions | 3.00<br>150.00/hr | 450.00        |
| 5/9/2022 Appear for/attend<br>prepare for and attend meeting         | 3.00<br>150.00/hr | 450.00        |
| 5/6/2022 Review/analyze<br>read agenda and engineer report           | 1.00<br>150.00/hr | 150.00        |
| 5/9/2022 Communicate (other external)<br>discussions with staff      | 1.40<br>150.00/hr | 210.00        |
| Review/analyze<br>subdivision review                                 | 1.30<br>150.00/hr | 195.00        |
| Communicate (other external)<br>discussions with mullen and pancari  | 0.50<br>150.00/hr | 75.00         |
| 5/11/2022 Draft/revise<br>TOW APPLICATION                            | 2.00<br>150.00/hr | 300.00        |
| 5/12/2022 Draft/revise<br>Agreement of sale for american legion      | 2.50<br>150.00/hr | 375.00        |

|                                                                                           | <u>Hrs/Rate</u>   | <u>Amount</u>        |
|-------------------------------------------------------------------------------------------|-------------------|----------------------|
| 5/11/2022 Review/analyze<br>two JAMES OPRA requests                                       | 2.00<br>150.00/hr | 300.00               |
| Communicate (other external)<br>Cananbls inquiries                                        | 0.60<br>150.00/hr | 90.00                |
| Communicate (other external)<br>discussions with staff                                    | 1.40<br>150.00/hr | 210.00               |
| 5/22/2022 Review/analyze<br>read agenda and bill list                                     | 2.00<br>150.00/hr | 300.00               |
| 5/23/2022 Appear for/attend<br>prepare for and attend meeting                             | 4.30<br>150.00/hr | 645.00               |
| Communicate (other external)<br>discussions with staff                                    | 2.00<br>150.00/hr | 300.00               |
| 5/24/2022 Draft/revise<br>resolution for labor counsel                                    | 1.00<br>150.00/hr | 150.00               |
| 5/23/2022 Draft/revise<br>resolution to hold public auction                               | 2.00<br>150.00/hr | 300.00               |
| 5/25/2022 Draft/revise<br>prepare resolution to sell, public notice and agreement of sale | 5.00<br>150.00/hr | 750.00               |
| 5/31/2022 Draft/revise<br>community champion resolution and shared services               | 2.50<br>150.00/hr | 375.00               |
| Draft/revise<br>OPRA AADARI GRC complaint                                                 | 1.50<br>150.00/hr | 225.00               |
| Communicate (other external)<br>conference                                                | 1.00<br>150.00/hr | 150.00               |
| <b>For professional services rendered</b>                                                 | <b>46.00</b>      | <b>\$6,900.00</b>    |
| <b>Previous balance</b>                                                                   |                   | <b>\$10,815.00</b>   |
| 5/23/2022 Payment - thank you. Check No. 29008                                            |                   | (\$6,645.00)         |
| 5/27/2022 Payment - thank you. Check No. 29060                                            |                   | (\$4,170.00)         |
| <b>Total payments and adjustments</b>                                                     |                   | <b>(\$10,815.00)</b> |
| <b>Balance due</b>                                                                        |                   | <b>\$6,900.00</b>    |

|                                                                                                                                                                                                                                         |                                                                          |            |          |       |        |                                                                                                             |     |        |          |                               |   |    |    |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------|----------|-------|--------|-------------------------------------------------------------------------------------------------------------|-----|--------|----------|-------------------------------|---|----|----|---------------------------------|
|                                                                                                                                                        | <b>STATE OF NEW JERSEY</b><br><b>PAYMENT VOUCHER</b><br>(VENDOR INVOICE) |            | DOCUMENT |       |        | BATCH                                                                                                       |     |        | ACTG PER | FY                            |   |    |    |                                 |
|                                                                                                                                                                                                                                         |                                                                          |            | TC       | AGY   | NUMBER | TC                                                                                                          | AGY | NUMBER |          |                               |   |    |    |                                 |
|                                                                                                                                                                                                                                         | PO#                                                                      |            | PP START |       |        | SCHED PAY                                                                                                   |     |        | CHK      | OFF                           | F | RF | CK | (A) VENDOR (PAYEE)<br>ID NUMBER |
|                                                                                                                                                                                                                                         |                                                                          |            | MO       | DY    | YR     | MO                                                                                                          | DY  | YR     | CAT      | LIAB                          | A | TY | FL |                                 |
|                                                                                                                                                                                                                                         |                                                                          | PV DATE    |          |       |        |                                                                                                             |     |        |          |                               |   |    |    |                                 |
| CONTRACT NO.                                                                                                                                                                                                                            |                                                                          | AGENCY REF |          | BUYER |        | (B) TERMS                                                                                                   |     |        |          | (C) TOTAL AMOUNT              |   |    |    |                                 |
|                                                                                                                                                                                                                                         |                                                                          |            |          |       |        |                                                                                                             |     |        |          | <b>\$6,900.00</b>             |   |    |    |                                 |
| (D) PAYEE NAME AND ADDRESS                                                                                                                                                                                                              |                                                                          |            |          |       |        | (E) SEND COMPLETED FORM TO:                                                                                 |     |        |          |                               |   |    |    |                                 |
| <b>Costigan and Costigan, LLC</b><br><b>117 Bellevue Avenue</b><br><b>Hammonton, NJ 08037</b>                                                                                                                                           |                                                                          |            |          |       |        | <b>Cindi LoGuidice</b><br><b>Borough of Buena</b><br><b>616 Central Avenue</b><br><b>Minotola, NJ 08341</b> |     |        |          |                               |   |    |    |                                 |
| (F) PAYEE DECLARATIONS                                                                                                                                                                                                                  |                                                                          |            |          |       |        |                                                                                                             |     |        |          |                               |   |    |    |                                 |
| I CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT<br>IN ALL ITS PARTICULARS, THAT THE DESCRIBED GOODS OR<br>SERVICES HAVE BEEN FURNISHED OR RENDERED AND THAT<br>NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF<br>SAID DOCUMENT. |                                                                          |            |          |       |        |                                                                                                             |     |        |          |                               |   |    |    |                                 |
| <br>PAYEE SIGNATURE                                                                                                                                   |                                                                          |            |          |       |        |                                                                                                             |     |        |          | <b>6/1/22</b><br>BILLING DATE |   |    |    |                                 |
| Member<br>PAYEE TITLE                                                                                                                                                                                                                   |                                                                          |            |          |       |        |                                                                                                             |     |        |          |                               |   |    |    |                                 |

| Line No. | REFERENCE |     |        | LINE | (G) PAYEE REFERENCE |
|----------|-----------|-----|--------|------|---------------------|
|          | CD        | AGY | NUMBER |      |                     |
| 1        |           |     |        |      |                     |
| 2        |           |     |        |      |                     |
| 3        |           |     |        |      |                     |

|   | FUND | AGCY | ORG CODE | SUB-ORG | APPR UNIT | ACTIVITY | OBJECT CD | SUB-OBJ | REV SRCE | SUB- | PROJ/JOB NO |
|---|------|------|----------|---------|-----------|----------|-----------|---------|----------|------|-------------|
| 1 |      |      |          |         |           |          |           |         |          |      |             |
| 2 |      |      |          |         |           |          |           |         |          |      |             |
| 3 |      |      |          |         |           |          |           |         |          |      |             |

|   | RPT CT | BS ACT | DT | DESCRIPTION | QUANTITY | AMOUNT | ID | PF | TX |
|---|--------|--------|----|-------------|----------|--------|----|----|----|
| 1 |        |        |    |             |          |        |    |    |    |
| 2 |        |        |    |             |          |        |    |    |    |
| 3 |        |        |    |             |          |        |    |    |    |

| ITEM NO.                     | DESCRIPTION OF ITEM                      | QUANTITY | UNIT  | UNIT PRICE | AMOUNT            |
|------------------------------|------------------------------------------|----------|-------|------------|-------------------|
| 5/3/22<br>through<br>Present | Legal Services rendered-Borough of Buena | 1        | 46.00 | \$150.00   | \$6,900.00        |
| <b>TOTAL</b>                 |                                          |          |       |            | <b>\$6,900.00</b> |

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATION BY RECEIVING AGENCY: I certify that the above articles have been received or services rendered as stated herein.<br><br><div style="text-align: center; border-top: 1px dotted black; margin-top: 20px;">Signature</div> <div style="display: flex; justify-content: space-between; border-top: 1px dotted black; margin-top: 20px;"> <span>Title</span> <span>Date</span> </div> | CERTIFICATION BY APPROVAL OFFICER: I certify that this Payment Voucher is correct and just, and payment is approved.<br><br><div style="text-align: center; border-top: 1px dotted black; margin-top: 20px;">Authorized Signature</div> <div style="display: flex; justify-content: space-between; border-top: 1px dotted black; margin-top: 20px;"> <span>Title</span> <span>Date</span> </div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|