

Bills must be presented not later than the 25th of each month, to be approved on the second Tuesday of each month.
 Itemize fully, attach your invoice and sign Claimant's Certificate

BOROUGH of HILLSDALE
 380 Hillsdale Ave
 Hillsdale, New Jersey 07642

To: Cleary Giacobbe Alfieri Jacobs, LLC
 (Claimant)

Address: 955 State Route 34 - Suite 200

City, State & Zip: Matawan, NJ 07747 Sub Account # _____

Note: All Bills Must Be Properly Certified Before Payment

Date of Delivery or Service	Itemized description do goods or Service Rendered	Invoice #	Amount
2/16/22	Bill Mulholland (Jersey Mike's)		
	453 Hillsdale Avenue		
	Block 1106, Lot 2	104115	122.50
	ESCROW		
	Total: No balance due to an overpayment applied to this invoice		\$0.00 due

Claimant's Certification and Declaration

I do solemnly declare and certify under penalties of law that the bill is correct in all its particulars; that the articles have been furnished or service rendered as stated therein; that no bonus has been given or received by any person or persons with knowledge of clamant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Date: 2/16/22 Signature:  Position: Planning Board Attorney

**Space Below to be Filled out by Municipal Officials
 Officer's or Employee's Certification**

Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the service rendered; said certification is based on delivery slips acknowledged by a municipal officer or employee or other reasonable procedure.

Signature: _____ Title: _____

APPROPRIATION OR ACCOUNT CHARGED			Examined and approved for payment
Account #	Amount	PO #	
			Certification of Funds by Chief Financial Officer Finance Committee
Total	0.00		
			Payment Record
			date paid
			Account
			check number

Cleary Giacobbe Alfieri Jacobs

955 State Route 34
Suite 200
Matawan, NJ 07747

Ph# 732-583-7474

Fax # 732-290-0753

Feb 16,2022

Hillsdale Borough
380 Hillsdale Avenue
Hillsdale, NJ
07642

Attention: Planning Board

Client # 1835

File #: 11677

Inv #: 104115

RE: Hillsdale PB Mulholland, Bill (Jersey Mike's) (453 Hillsdale Ave.-Bl.
1106/Lt. 2)

For Services Rendered Through: February 15,2022

DATE	DESCRIPTION	HOURS	AMOUNT	LAWYER
1/21/22	Telephone call to S. Hehl.	0.10	17.50	nn
1/24/22	Telephone call to S. Hehl; telephone call with S. Hehl re: adjournment request; communication with Chair Burleson.	0.30	52.50	nn
1/24/22	Telephone call with S. Hehl re: adjournment; communication with D. Burleson.	0.20	35.00	nn
1/25/22	Communication with S. Hehl.	0.10	17.50	nn
Totals		0.70	\$122.50	

<u>Lawyer</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
Nylema Nabbie	0.70	\$175.00	\$122.50

Total Fee & Disbursements

\$122.50

PAYMENT DETAILS

2/15/22	Payment	181.50
2/15/22	Payment	148.50
Total Payments		\$330.00
Retainers Applied		122.50

Invoice #: 104115

Page 2

February 16, 2022

Previous Balance

16.50

Previous Payments

16.50

Balance Now Due

\$0.00

Remaining Retainer Balance

\$191.00

*no balance -
due to an
over-payment.*

TAX ID Number 273680224

Bills must be presented not later than the 25th of each month, to be approved on the second Tuesday of each month.
 Itemize fully, attach your invoice and sign Claimant's Certificate

BOROUGH of HILLSDALE
 380 Hillsdale Ave
 Hillsdale, New Jersey 07642

To: Cleary Jacobbe Alfieri Jacobs, LLC
 (Claimant)

Address: 955 State Route 34 - Suite 200


City, State & Zip: Matawan, NJ 07747 Sub Account # _____

Note: All Bills Must Be Properly Certified Before Payment

Date of Delivery or Service	Itemized description do goods or Service Rendered	Invoice #	Amount
2/16/22	Planning Board/Zoning Board Matters		
		104122	1890.00
	Total: \$1,657.60 due to an overpayment of \$232.40 applied to this invoice		\$1,657.60

Claimant's Certification and Declaration

I do solemnly declare and certify under penalties of law that the bill is correct in all its particulars; that the articles have been furnished or service rendered as stated therein; that no bonus has been given or received by any person or persons with knowledge of clamant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Date: 2/16/22 Signature:  Position: Planning Board Attorney

**Space Below to be Filled out by Municipal Officials
 Officer's or Employee's Certification**

Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the service rendered; said certification is based on delivery slips acknowledged by a municipal officer or employee or other reasonable procedure.

Signature: _____ Title: _____

APPROPRIATION OR ACCOUNT CHARGED			Examined and approved for payment
Account #	Amount	PO #	
			Certification of Funds by Chief Financial Officer Finance Committee
Total	0.00		
			Payment Record
		date paid	Account
		check number	

Cleary Giacobbe Alfieri Jacobs

955 State Route 34
Suite 200
Matawan, NJ 07747

Ph# 732-583-7474

Fax # 732-290-0753

Feb 16,2022

Hillsdale Borough
380 Hillsdale Avenue
Hillsdale, NJ
07642

Attention: Planning Board

Client # 1835

File #: 8474

Inv #: 104122

RE: Hillsdale Planning Board/Zoning

For Services Rendered Through: February 15,2022

DATE	DESCRIPTION	HOURS	AMOUNT	LAWYER
1/20/22	Review e-mails; communication with R. Hamman.	0.20	35.00	nn
1/21/22	Review agenda and various e-mails; respond to e-mail from Mayor Ruocco.	0.60	105.00	nn
1/24/22	Review and respond to e-mail from R. Hamman; telephone call with R. Hamman.	0.40	70.00	nn
1/25/22	Review e-mails; telephone call with Chair Burleson; communication with Mayor Ruocco; attendance at Board meeting; review amended agenda.	3.60	630.00	nn
1/26/22	Review e-mails.	0.20	35.00	nn
2/1/22	Communication with R. Hamman and W. Seelin re: NJPO Book and circulation to Board members and training; review e-mails.	0.40	70.00	nn
2/1/22	Review various e-mails.	0.40	70.00	nn
2/2/22	Review and respond to e-mail from R. Hamman; review e-mails from R. Hamman.	0.50	87.50	nn
2/3/22	Review e-mail from R. Hamman; letter to Chair re: 2021 report.	0.50	87.50	nn
2/7/22	Review and respond to e-mail from W. Seelin.	0.20	35.00	nn
2/8/22	Review e-mail from W. Seelin; review various e-mails; communication with W. Seelin.	0.40	70.00	nn
2/10/22	Telephone call with D. Burleson; communication with W. Seelin in advance of meeting; telephone call with S. Raymond in advance of meeting; review agenda; attendance at meeting.	3.40	595.00	nn

Totals

10.80 \$1,890.00

<u>Lawyer</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
Nylema Nabbie	10.80	\$175.00	\$1,890.00

Total Fee & Disbursements

\$1,890.00

PAYMENT DETAILS

2/15/22	Payment	1,567.90
2/15/22	Payment	1,963.50
2/15/22	Payment	2,677.90

Total Payments

\$6,209.30

Retainers Applied *Cover payment*

232.40

Previous Balance

5,976.90

Previous Payments

5,976.90

Balance Now Due

\$1,657.60

TAX ID Number 273680224

Bills must be presented not later than the 25th of each month, to be approved on the second Tuesday of each month.
 Itemize fully, attach your invoice and sign Claimant's Certificate

BOROUGH of HILLSDALE
 380 Hillsdale Ave
 Hillsdale, New Jersey 07642

To: Cleary Jacobbe Alfieri Jacobs, LLC
 (Claimant)

Address: 955 State Route 34 - Suite 200

City, State & Zip: Matawan, NJ 07747 Sub Account # _____

Note: All Bills Must Be Properly Certified Before Payment

Date of Delivery or Service	Itemized description do goods or Service Rendered	Invoice #	Amount
2/16/22	Oriolo, Donald		
	23 Ruckman Road a/k/a 100 Piedmont Road		
	Block 2004, Lots 2.01 and 1.01	104113	70.00
	ESCROW		
	Total		\$70.00

Claimant's Certification and Declaration

I do solemnly declare and certify under penalties of law that the bill is correct in all its particulars; that the articles have been furnished or service rendered as stated therein; that no bonus has been given or received by any person or persons with knowledge of clamant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Date: 2/16/22 Signature:  Position: Planning Board Attorney

Space Below to be Filled out by Municipal Officials

Officer's or Employee's Certification

Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the service rendered; said certification is based on delivery slips acknowledged by a municipal officer or employee or other reasonable procedure.

Signature: _____ Title: _____

APPROPRIATION OR ACCOUNT CHARGED			Examined and approved for payment	
Account #	Amount	PO #	Certification of Funds by Chief Financial Officer	
			Finance Committee	
Total	0.00		Payment Record	
		date paid	Account	
		check number		

Clery Giacobbe Alfieri Jacobs

955 State Route 34
Suite 200
Matawan, NJ 07747

Ph# 732-583-7474

Fax # 732-290-0753

Feb 16,2022

Hillsdale Borough
380 Hillsdale Avenue
Hillsdale, NJ
07642

Attention: Planning Board

Client # 1835

File #: 8469

Inv #: 104113

RE: Hillsdale PB Oriolo, Donald (2) (23 Ruckman Rd. a/k/a 100 Piedmont Rd.-Bl. 2004/Lt. 2.01 & 1.01)

For Services Rendered Through: February 15,2022

DATE	DESCRIPTION	HOURS	AMOUNT	LAWYER
1/26/22	Letter to T. Marabello; review communication from T. Marabello; letter to M. Carter.	0.40	70.00	nn
	Totals	0.40	\$70.00	

<u>Lawyer</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
Nylema Nabbie	0.40	\$175.00	\$70.00

Total Fee & Disbursements

\$70.00

PAYMENT DETAILS

2/15/22	Payment	33.00
2/15/22	Payment	52.50

Total Payments

\$85.50

TAX ID Number 273680224

*Bills must be presented not later than the 25th of each month, to be approved on the second Tuesday of each month.
Itemize fully, attach your invoice and sign Claimant's Certificate*

BOROUGH of HILLSDALE
380 Hillsdale Ave
Hillsdale, New Jersey 07642

To: Cleary Giacobbe Alfieri Jacobs, LLC
(Claimant)

Address: 955 State Route 34 - Suite 200

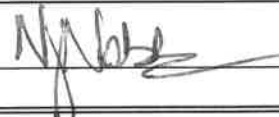
City, State & Zip: Matawan, NJ 07747 Sub Account # _____

Note: All Bills Must Be Properly Certified Before Payment

Date of Delivery or Service	Itemized description do goods or Service Rendered	Invoice #	Amount
2/16/22	Athanasatos, Spiro		
	55 Apple Tree Lane		
	Block 501, Lot 13	104116	700.00
	ESCROW		
	Total		\$700.00

Claimant's Certification and Declaration

I do solemnly declare and certify under penalties of law that the bill is correct in all its particulars; that the articles have been furnished or service rendered as stated therein; that no bonus has been given or received by any person or persons with knowledge of clamant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Date: 2/16/22 Signature:  Position: Planning Board Attorney

**Space Below to be Filled out by Municipal Officials
Officer's or Employee's Certification**

Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the service rendered; said certification is based on delivery slips acknowledged by a municipal officer or employee or other reasonable procedure.

Signature: _____ Title: _____

APPROPRIATION OR ACCOUNT CHARGED			Examined and approved for payment
Account #	Amount	PO #	
			Certification of Funds by Chief Financial Officer Finance Committee
Total	0.00		
			Payment Record
		date paid	Account
		check number	

Cleary Giacobbe Alfieri Jacobs

955 State Route 34
Suite 200
Matawan, NJ 07747

Ph# 732-583-7474

Fax # 732-290-0753

Feb 16,2022

Hillsdale Borough
380 Hillsdale Avenue
Hillsdale, NJ
07642

Attention: Planning Board

Client # 1835

File #: 11930

Inv #: 104116

RE: Hillsdale PB Athanasatos, Spiro (55 Apple Tree Ln.-Bl. 501/Lt. 13)

For Services Rendered Through: February 15,2022

DATE	DESCRIPTION	HOURS	AMOUNT	LAWYER
1/17/22	Prepare Memorializing Resolution re: Prepare initial statement, list of exhibits, list of professional reports, list of variances requested, statement of facts,	3.00	525.00	DL
1/18/22	Prepare memorializing Resolution re: Prepare conclusions of law, prepare conditions of approval, review and revise form, content and grammar	1.00	175.00	DL
Totals		4.00	\$700.00	

<u>Lawyer</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
Daniel R. Lagana	4.00	\$175.00	\$700.00

Total Fee & Disbursements

\$700.00

PAYMENT DETAILS

12/21/21	Payment	165.00
2/15/22	Payment	115.50
Total Payments		\$280.50

TAX ID Number 273680224

Bills must be presented not later than the 25th of each month, to be approved on the second Tuesday of each month.
 Itemize fully, attach your invoice and sign Claimant's Certificate

BOROUGH of HILLSDALE
 380 Hillsdale Ave
 Hillsdale, New Jersey 07642

To: Cleary Jacobbe Alfieri Jacobs, LLC
 (Claimant)

Address: 955 State Route 34 - Suite 200

City, State & Zip: Matawan, NJ 07747 Sub Account # _____

Note: All Bills Must Be Properly Certified Before Payment

Date of Delivery or Service	Itemized description do goods or Service Rendered	Invoice #	Amount
2/16/22	Amitrano, Salvatore		
	6 Deertrail Road		
	Block 2102, Lot 11	104117	385.00
	ESCROW		
	Total		\$385.00

Claimant's Certification and Declaration

I do solemnly declare and certify under penalties of law that the bill is correct in all its particulars; that the articles have been furnished or service rendered as stated therein; that no bonus has been given or received by any person or persons with knowledge of clamant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Date: 2/16/22 Signature: [Signature] Position: Planning Board Attorney

Space Below to be Filled out by Municipal Officials

Officer's or Employee's Certification

Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the service rendered; said certification is based on delivery slips acknowledged by a municipal officer or employee or other reasonable procedure.

Signature: _____ Title: _____

APPROPRIATION OR ACCOUNT CHARGED			Examined and approved for payment
Account #	Amount	PO #	
			Certification of Funds by Chief Financial Officer
			Finance Committee
Total	0.00		Payment Record

date paid

Account

check number

Cleary Giacobbe Alfieri Jacobs

955 State Route 34
Suite 200
Matawan, NJ 07747

Ph# 732-583-7474

Fax # 732-290-0753

Feb 16,2022

Hillsdale Borough
380 Hillsdale Avenue
Hillsdale, NJ
07642

Attention: Planning Board

Client # 1835

File #: 12078

Inv #: 104117

RE: Hillsdale PB Amitrano, Salvatore (6 Deertrail Rd.-Bl. 2102/Lt. 11)

For Services Rendered Through: February 15,2022

DATE	DESCRIPTION	HOURS	AMOUNT	LAWYER
1/17/22	Prepare Memorializing Resolution re: Prepare initial statement, list of exhibits, list of professional reports, list of variances requested, statement of facts, conclusions of law, conditions of approval	2.00	350.00	DL
2/1/22	Review e-mail from Borough Official re: proposed revision to Resolution, prepare revision, forward to Board secretary	0.20	35.00	DL
Totals		2.20	\$385.00	

<u>Lawyer</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
Daniel R. Lagana	2.20	\$175.00	\$385.00

Total Fee & Disbursements

\$385.00

PAYMENT DETAILS

12/21/21	Payment	33.00
2/15/22	Payment	49.50

Total Payments

\$82.50

TAX ID Number 273680224

*Bills must be presented not later than the 25th of each month, to be approved on the second Tuesday of each month.
Itemize fully, attach your invoice and sign Claimant's Certificate*

BOROUGH of HILLSDALE
380 Hillsdale Ave
Hillsdale, New Jersey 07642

To: Clary Giacobbe Alfieri Jacobs, LLC
(Claimant)

Address: 955 State Route 34 - Suite 200

City, State & Zip: Matawan, NJ 07747 Sub Account # _____

Note: All Bills Must Be Properly Certified Before Payment

Date of Delivery or Service	Itemized description do goods or Service Rendered	Invoice #	Amount
2/16/22	441 Hillsdale Ave., LLC (Chipotle)		
	441 Hillsdale Avenue		
	Block 1105, Lot `	104118	420.00
	ESCROW		
	Total		\$420.00

Claimant's Certification and Declaration

I do solemnly declare and certify under penalties of law that the bill is correct in all its particulars; that the articles have been furnished or service rendered as stated therein; that no bonus has been given or received by any person or persons with knowledge of clamant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Date: 2/16/22 Signature:  Position: Planning Board Attorney

**Space Below to be Filled out by Municipal Officials
Officer's or Employee's Certification**

Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the service rendered; said certification is based on delivery slips acknowledged by a municipal officer or employee or other reasonable procedure.

Signature: _____ Title: _____

APPROPRIATION OR ACCOUNT CHARGED			Examined and approved for payment
Account #	Amount	PO #	
			Certification of Funds by Chief Financial Officer Finance Committee
Total	0.00		
			Payment Record
		date paid	Account
		check number	

Cleary Giacobbe Alfieri Jacobs

955 State Route 34
Suite 200
Matawan, NJ 07747

Ph# 732-583-7474

Fax # 732-290-0753

Feb 16,2022

Hillsdale Borough
380 Hillsdale Avenue
Hillsdale, NJ
07642

Attention: Planning Board

Client # 1835

File #: 12154

Inv #: 104118

RE: Hillsdale PB 441 Hillsdale Ave, LLC (Chipotle)(Bl. 1105/Lt. 4)

For Services Rendered Through: February 15,2022

DATE	DESCRIPTION	HOURS	AMOUNT	LAWYER
1/17/22	Communication with R. Hamman re: revised plans.	0.20	35.00	nn
1/20/22	Review and respond to e-mail after review of S. Raymond's certification; communication with R. Hamman.	0.30	52.50	nn
1/21/22	Telephone call with H. Schepisi.	0.20	35.00	nn
1/24/22	Review C. Statile report.	0.20	35.00	nn
1/25/22	Review C. Statile report and revised plans in advance of meeting; telephone call to H. Schepisi; discussion with DL.	0.60	105.00	nn
2/8/22	Review e-mail re: revised plans; review e-mail from S. Hehl and withdrawal letter; communication with S. Hehl.	0.40	70.00	nn
2/11/22	Dictate resolution.	0.50	87.50	nn

Totals

2.40 \$420.00

<u>Lawyer</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
Nylema Nabbie	2.40	\$175.00	\$420.00

Total Fee & Disbursements

\$420.00

PAYMENT DETAILS

2/15/22 Payment

462.00

Invoice #: 104118

Page 2

February 16, 2022

2/15/22 Payment

346.50

Total Payments

808.50

TAX ID Number 273680224

Bills must be presented not later than the 25th of each month, to be approved on the second Tuesday of each month.
 Itemize fully, attach your invoice and sign Claimant's Certificate

BOROUGH of HILLSDALE
 380 Hillsdale Ave
 Hillsdale, New Jersey 07642

To: Cleary Jacobbe Alfieri Jacobs, LLC
 (Claimant)

Address: 955 State Route 34 - Suite 200

City, State & Zip: Matawan, NJ 07747 Sub Account # _____

Note: All Bills Must Be Properly Certified Before Payment

Date of Delivery or Service	Itemized description do goods or Service Rendered	Invoice #	Amount
2/16/22	New Concepts for Living		
	33 Ruckman Avenue		
	Block 2004, Lot 3	104119	315.00
	ESCROW		
	Total		\$315.00

Claimant's Certification and Declaration

I do solemnly declare and certify under penalties of law that the bill is correct in all its particulars; that the articles have been furnished or service rendered as stated therein; that no bonus has been given or received by any person or persons with knowledge of clamant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Date: 2/16/22 Signature:  Position: Planning Board Attorney

**Space Below to be Filled out by Municipal Officials
 Officer's or Employee's Certification**

Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the service rendered; said certification is based on delivery slips acknowledged by a municipal officer or employee or other reasonable procedure.

Signature: _____ Title: _____

APPROPRIATION OR ACCOUNT CHARGED			Examined and approved for payment
Account #	Amount	PO #	
			Certification of Funds by Chief Financial Officer Finance Committee
Total	0.00		
			Payment Record
			date paid
			check number
			Account

Cleary Giacobbe Alfieri Jacobs

955 State Route 34
Suite 200
Matawan, NJ 07747

Ph# 732-583-7474

Fax # 732-290-0753

Feb 16,2022

Hillsdale Borough
380 Hillsdale Avenue
Hillsdale, NJ
07642

Attention: Planning Board

Client # 1835

File #: 12230

Inv #: 104119

RE: Hillsdale PB New Concepts for Living (33 Ruckman Ave.-Bl. 2004/Lt. 3)

For Services Rendered Through: February 15,2022

DATE	DESCRIPTION	HOURS	AMOUNT	LAWYER
1/18/22	Review notice; communication with R. Hamman.	0.40	70.00	nn
1/21/22	Review D. Spatz memo; review notice; communication with T. Marabellou; review lot and block description on tax website.	0.80	140.00	nn
1/25/22	Review e-mail; review file in preparation for hearing; review reports.	0.60	105.00	nn
Totals		1.80	\$315.00	

<u>Lawyer</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
Nylema Nabbie	1.80	\$175.00	\$315.00

Total Fee & Disbursements

\$315.00

PAYMENT DETAILS

12/21/21 Payment 33.00

Total Payments

\$33.00

TAX ID Number 273680224

Bills must be presented not later than the 25th of each month, to be approved on the second Tuesday of each month.
 Itemize fully, attach your invoice and sign Claimant's Certificate

BOROUGH of HILLSDALE
 380 Hillsdale Ave
 Hillsdale, New Jersey 07642

To: Cleary Jacobbe Alfieri Jacobs, LLC
 (Claimant)

Address: 955 State Route 34 - Suite 200

City, State & Zip: Matawan, NJ 07747 Sub Account # _____

Note: All Bills Must Be Properly Certified Before Payment

Date of Delivery or Service	Itemized description do goods or Service Rendered	Invoice #	Amount
2/16/22	Rubin, Donals		
	76 Broadway		
	Block 1308, Lot 20	104120	70.00
	ESCROW		
	Total		\$70.00

Claimant's Certification and Declaration

I do solemnly declare and certify under penalties of law that the bill is correct in all its particulars; that the articles have been furnished or service rendered as stated therein; that no bonus has been given or received by any person or persons with knowledge of clamant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Date: 2/16/22 Signature:  Position: Planning Board Attorney

**Space Below to be Filled out by Municipal Officials
 Officer's or Employee's Certification**

Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the service rendered; said certification is based on delivery slips acknowledged by a municipal officer or employee or other reasonable procedure.

Signature: _____ Title: _____

APPROPRIATION OR ACCOUNT CHARGED			Examined and approved for payment
Account #	Amount	PO #	
			Certification of Funds by Chief Financial Officer Finance Committee
Total	0.00		
			Payment Record
		date paid	Account
		check number	

Cleary Giacobbe Alfieri Jacobs

955 State Route 34
Suite 200
Matawan, NJ 07747

Ph# 732-583-7474

Fax # 732-290-0753

Feb 16,2022

Hillsdale Borough
380 Hillsdale Avenue
Hillsdale, NJ
07642

Attention: Planning Board

Client # 1835
File #: 12490
Inv #: 104120

RE: Hillsdale PB Rubin, Donals (76 Broadway-B1. 1308/Lt. 20)

For Services Rendered Through: February 15,2022

DATE	DESCRIPTION	HOURS	AMOUNT	LAWYER
1/21/22	Review C. Statile report.	0.20	35.00	nn
1/25/22	Review completeness letter.	0.20	35.00	nn
Totals		0.40	\$70.00	

<u>Lawyer</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
Nylema Nabbie	0.40	\$175.00	\$70.00

Total Fee & Disbursements

\$70.00

PAYMENT DETAILS

2/15/22	Payment	33.00
---------	---------	-------

Total Payments

\$33.00

TAX ID Number 273680224

Bills must be presented not later than the 25th of each month, to be approved on the second Tuesday of each month.
 Itemize fully, attach your invoice and sign Claimant's Certificate

BOROUGH of HILLSDALE
 380 Hillsdale Ave
 Hillsdale, New Jersey 07642

To: Cleary Jacobbe Alfieri Jacobs, LLC
 (Claimant)

Address: 955 State Route 34 - Suite 200


City, State & Zip: Matawan, NJ 07747 Sub Account # _____

Note: All Bills Must Be Properly Certified Before Payment

Date of Delivery or Service	Itemized description do goods or Service Rendered	Invoice #	Amount
2/16/22	Moraitis, John and Ioanna		
	5 Orchard Lane		
	Block 407, Lot 8	104121	105.00
	ESCROW		
	Total		\$105.00

Claimant's Certification and Declaration

I do solemnly declare and certify under penalties of law that the bill is correct in all its particulars; that the articles have been furnished or service rendered as stated therein; that no bonus has been given or received by any person or persons with knowledge of clamant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Date: 2/16/22 Signature:  Position: Planning Board Attorney

**Space Below to be Filled out by Municipal Officials
 Officer's or Employee's Certification**

Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the service rendered; said certification is based on delivery slips acknowledged by a municipal officer or employee or other reasonable procedure.

Signature: _____ Title: _____

APPROPRIATION OR ACCOUNT CHARGED			Examined and approved for payment
Account #	Amount	PO #	
			Certification of Funds by Chief Financial Officer Finance Committee
Total	0.00		
			Payment Record
			date paid
			Account
			check number

Cleary Giacobbe Alfieri Jacobs

955 State Route 34
Suite 200
Matawan, NJ 07747

Ph# 732-583-7474

Fax # 732-290-0753

Feb 16,2022

Hillsdale Borough
380 Hillsdale Avenue
Hillsdale, NJ
07642

Attention: Planning Board

Client # 1835

File #: 12582

Inv #: 104121

RE: Hillsdale PB Moraitis, John & Ioanna (5 Orchard Ln.-Bl. 407/Lt. 8)

For Services Rendered Through: February 15,2022

DATE	DESCRIPTION	HOURS	AMOUNT	LAWYER
2/2/22	Review completeness memo.	0.20	35.00	nn
2/10/22	Review e-mail and site plan and completeness review.	0.20	35.00	nn
2/11/22	Review e-mail from C. Statile.	0.20	35.00	nn
Totals		0.60	\$105.00	

<u>Lawyer</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
Nylema Nabbie	0.60	\$175.00	\$105.00

Total Fee & Disbursements

\$105.00

TAX ID Number 273680224