



Trinity Center
 115 Broadway, 15th Floor
 New York, NY 10006
 Telephone 212-566-7188
 Fax 212-566-7116
 Tax ID# 22-2940404
www.genovaburns.com

Bergen Community College
 Attn: Maria Ferrara
 400 Paramus Road
 Paramus, NJ 07652
 mferrara@bergen.edu

April 7, 2015
 Invoice No.: 278914

For professional services rendered and disbursements through March 31, 2015

Client Matter: 21708.2

RE: General Employment Benefit Matters

****REDACTED COPY****

PROFESSIONAL SERVICES RENDERED

Date	Atty	Description Of Services Rendered	Hours	Amount
3/19/15	PWM	403(b) Plan: review [REDACTED]	.10	17.50
3/20/15	PWM	403(b) plan: review [REDACTED]; confer with [REDACTED]; attention [REDACTED]	.90	157.50
3/20/15	KB	403(b) plan: Correspondence regarding [REDACTED]; review and analyze [REDACTED]; conference with PWM regarding [REDACTED]; review and revise [REDACTED] conference with PWM [REDACTED]	2.20	385.00
3/23/15	PWM	403(b) plan: prepare for March 24 call with client and Keith Riley, Esq.	.10	17.50
3/23/15	KB	403(b) plan: Correspondence PWM and Kevin Riley regarding [REDACTED]	.10	17.50
3/24/15	PWM	403(b) plan: review file; telephone conference with [REDACTED] regarding [REDACTED] and discuss [REDACTED] exchange emails with [REDACTED]	.70	122.50

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Date	Atty	Description Of Services Rendered	Hours	Amount
3/24/15	KB	403(b) plan: Conference with PWM and [REDACTED] edit [REDACTED]	2.20	385.00
3/27/15	PWM	403(b) Plan-- Review and revise [REDACTED] forward [REDACTED]	1.00	175.00
3/27/15	KB	403(b) plan: Conference with PWM regarding [REDACTED]; review [REDACTED]; revise [REDACTED]	.90	157.50
TOTAL PROFESSIONAL SERVICES				\$ 1,435.00

SUMMARY OF PROFESSIONAL SERVICES

Name	Rate	Hours	Total
Patrick W. McGovern	175.00	2.80	490.00
Kelly Brennan	175.00	5.40	945.00
TOTALS		8.20	\$ 1,435.00

TOTAL THIS INVOICE **\$ 1,435.00**

TOTAL BALANCE DUE **\$ 1,435.00**



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REMITTANCE ADVICE

For professional services rendered and disbursements through March 31, 2015

RE: General Employment Benefit Matters

BALANCE DUE THIS INVOICE	\$ 1,435.00
TOTAL BALANCE DUE	<u>\$ 1,435.00</u>

Please return this advice with payment to: Genova Burns LLC
 ATTN: Accounts Receivable
 494 Broad Street
 Newark, NJ 07102-3230

The firm of Genova Burns LLC (Firm) accepts payment by credit card.

I authorize the Firm to charge the amount of \$ _____ on my credit card.
 Credit card type: Visa MasterCard American Express
 Credit card number: _____ Verification code: _____
 Signature: _____ Exp. Date: _____
 Billing address (must be provided): _____

If, after a payment by credit card, you later dispute the charges, unless prohibited by law, you agree not to cancel, revoke, charge back or dispute any previously entered charge on your credit card. If you do so, and it is later determined that the charge was properly authorized, you agree to pay all out-of-pocket fees and costs incurred by the Firm as a result of the improper cancellation, revocation, charge back or dispute.