



INVOICE

From:

The River Edge Planning Department.

295 Kinderkamack Road River Edge, NJ 07661.

To:



Invoice Details:

- **Amount Due:** \$6,953.00
- **Payment Method:** WIRE
- **Remittance Information:** Issued on request.
- **Invoice Number:** EPC-CSAPBD-242020
- **Due Date:** On Receipt

Payment Instructions

Please sign this invoice and return it, along with the wire payment receipt, to the provided email address for confirmation and inclusion in the meeting agenda.

Confirmation Details

Signature: _____

Date of Wire Payment: _____

ITEMIZED BREAKDOWN OF APPROVAL FEE

Description	Amount (USD)
Licensure & Certification Approval Fee	\$2,500.00
Application Processing & Review	\$1,503.00
Legal & Compliance Evaluation	\$1,050.00
Recordkeeping & Inclusion in Official Agenda	\$1,000.00
Facility & Infrastructure Evaluation	\$900.00
TOTAL AMOUNT DUE	\$6,953.00

Instructions

To receive wire transfer instructions, please reply to this email requesting payment details.

For any questions or to request payment instructions, please reply to this email. Thank you for your prompt attention to this matter.

The River Edge Planning Department.

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