TOWNSHIP OF BERKELEY HEIGHTS

29 PARK AVENUE
BERKELEY HEIGHTS, NJ 07922
TEL (908)464-2700

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

NO. 26-01457

ORDER DATE: 05/20/26
REQUISITION NO: R26-1264
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

DPW
ATTN: DON COCHARIO
29 PARK AVENUE
BERKELEY HEIGHTS, NJ 07922

VENDOR

VENDOR #: INTE6

INTERSTATE WASTE SERVICES INC
300 FRANK W. BURR BLVD.
SUITE 39
TEANECK, NJ 07666

Phone: (973)746-7062

PAYMENT RECORD

CHECK NO. 56775

DATE PAID 6/4/26

NOTICE: TAX ID #22-6002137 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Contract: C26-0050 MAY 2026 RECYCLING SERVICES INVOICE #12581455	6-01-26-305-028 SW COLL - Professional Services	26,666.6700	26,666.67
			TOTAL	26,666.67

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant 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.

Loretta Thompson
VENDOR SIGN HERE

Mun. Rd & Gov't Bldg Mgr 5-21-26
OFFICIAL POSITION DATE

22-3076098
TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered, said certification being based on signed delivery slips or other reasonable procedures.

5/22/26
DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:

TOWNSHIP OF BERKELEY HEIGHTS
29 PARK AVENUE
BERKELEY HEIGHTS, NJ 07922

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Diane Sherry/DPA Date

Liza C. Viana/BA Date

Diane Sherry CFO

R26-1264 5/19

INVOICE

Invoice Number:	0012581455
Account Number:	888592
Invoice Date:	05/01/2026
Invoice Total:	$26,666.67

Interstate Waste Services of New Jersey, Inc.
300 Frank W Burr Blvd.
Suite 39
Teaneck, NJ 07666
Phone: (908)222-1566
Fax: (973)623-7667

TO VIEW OR PAY ONLINE GO TO:	interstatewaste.billtrust.com
USE THIS ENROLLMENT TOKEN:	KRW QHH SMF

BERKELEY HEIGHTS RECYCLING
29 PARK AVE
BERKELEY HEIGHTS, NJ 07922

Service Date	Work Order	Description	Quantity	Rate	Amount
		Berkeley Heights Recycling,Site 0001 - 29 Park Ave,Berkeley Heights, NJ			
05/01/26 - 05/31/26		Monthly Paper/Cardboard/Single Stream Service	1.00	26666.67	26666.67
		New Jersey Sales Tax			0.00
		Site Total			26666.67

Method of Measuring Waste
Billing Method: *Actual* x *Estimate/Flat*

All estimates are based on customer provided information.

PLEASE DETACH AND RETURN BOTTOM PORTION WITH PAYMENT

TOWNSHIP OF BERKELEY HEIGHTS

29 PARK AVENUE
BERKELEY HEIGHTS, NJ 07922
TEL (908)464-2700

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

NO. 26-01503

ORDER DATE: 05/27/26
REQUISITION NO: R26-1289
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO. 56229
DATE PAID 6/9/26

NOTICE: TAX ID #22-6002137 - TAX EXEMPT

SHIP TO

ADMINISTRATION
29 PARK AVENUE
BERKELEY HEIGHTS, NJ 07922

VENDOR

VENDOR #: GSMJIF

GARDEN STATE MUNICIPAL JIF
900 RT.9 NORTH, SUITE 503
WOODBRIDGE, NJ 07095

Phone: (732)634-8400

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Prop/Liability 2 of 2	6-01-23-210-005 LIAB INS - Commercial Policy	468,152.1900	468,152.19
1.00	Supplemental Assessmnt 3 of 20	6-01-23-210-005 LIAB INS - Commercial Policy	38,964.1900	38,964.19
			TOTAL	507,116.38

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant 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.

X Certs Attached
VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

Bruno 5/28/26
DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

TOWNSHIP OF BERKELEY HEIGHTS
29 PARK AVENUE
BERKELEY HEIGHTS, NJ 07922

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Diane Sherry/QPA Date

Liza C. Viana/BA Date

Diane Sherry CFO

Invoice # 238443

Account Number	Date
TOWNOFB-01	4/16/2026
Balance Due On	
7/1/2026	
Amount Paid	**Amount Due**
	$468,152.19

Garden State Municipal Joint Insurance Fund

Phone: 1-800-446-7647 Web: www.gsmjif.com

485 Route 1 South, Building E,
Suite E-300
Iselin, NJ 08830

Township of Berkeley Heights
29 Park Ave
Berkeley Heights, NJ 07922

Member Assessments | Policy Number: 2026 MEMBER ASSESSMENT | Effective: 1/1/2026 to 1/1/2027

Item #	Trans Eff Date	Due Date	Trans	Description	Producer	Amount
891831	1/1/2026	7/1/2026	RENB	ASMT 2 of 2 Installments (50%)		$468,152.19

Total Invoice Balance: **$468,152.19**

Amounts not paid within ninety (90) days of the invoice due date will be assessed a late payment fee at an annual rate of ten percent (10%).

THIS DOCUMENT WILL NOT BE PROCESSED FOR PAYMENT IF ALTERED OR DEFACED

CLAIMANT'S CERTIFICATION AND DECLARATION

I do solemnly declare and certify under penalty of law that the within invoice is correct in all its particulars, the articles have been furnished or services rendered by any person or persons within the knowledge of this claimant in connection with the above claim, and that the amount charged is a reasonable one.

4/16/2026
Date

Signature

Executive Director
Title

Make checks payable to:
Garden State Municipal Joint Insurance Fund
If you wish to arrange payment by wire transfer or have any questions regarding this invoice, please contact us at (732) 634-8400, extension 7365.

GARDEN STATE MUNICIPAL JOINT INSURANCE FUND OFFICER'S CERTIFICATION

Just send your check with a copy of the Garden State Municipal Joint Insurance Fund invoice. You do not need to send us your voucher for a separate signature since the pre-signed certification at the left can be attached to your voucher in lieu of sending another one for signature. This form has been determined by the Division of Local Government Services to meet the requirements of the statutes for this type of expenditure.

Date

Signature

Official Position

Invoice # 241927

Page 1 of 1

Account Number	Date
TOWNOFB-01	5/19/2026
Balance Due On	
7/1/2026	
Amount Paid	**Amount Due**
	$38,964.19

Garden State Municipal Joint Insurance Fund

Phone: 1-800-446-7647 Web: www.gsmjif.com

485 Route 1 South, Building E,
Suite E-300
Iselin, NJ 08830

Township of Berkeley Heights
29 Park Ave
Berkeley Heights, NJ 07922

Special Assessments | Policy Number: 2024 SPECIAL ASSESSMENT | Effective: 7/1/2025 to 12/31/2034

Item #	Trans Eff Date	Due Date	Trans	Description	Producer	Amount
905411	7/1/2025	7/1/2026	SPEC	2024 Supplemental Assessment (3 of 20)		$38,964.19

Total Invoice Balance: **$38,964.19**

Amounts not paid within ninety (90) days of the invoice due date will be assessed a late payment fee at an annual rate of ten percent (10%).

THIS DOCUMENT WILL NOT BE PROCESSED FOR PAYMENT IF ALTERED OR DEFACED

CLAIMANT'S CERTIFICATION AND DECLARATION

I do solemnly declare and certify under penalty of law that the within invoice is correct in all its particulars, the articles have been furnished or services rendered by any person or persons within the knowledge of this claimant in connection with the above claim, and that the amount charged is a reasonable one.

5/19/2026
Date

Signature

Executive Director
Title

Make checks payable to:
Garden State Municipal Joint Insurance Fund
If you wish to arrange payment by wire transfer or have any questions regarding this invoice, please contact us at (732) 634-8400, extension 7365.

GARDEN STATE MUNICIPAL JOINT INSURANCE FUND OFFICER'S CERTIFICATION

Just send your check with a copy of the Garden State Municipal Joint Insurance Fund invoice. You do not need to send us your voucher for a separate signature since the pre-signed certification at the left can be attached to your voucher in lieu of sending another one for signature. This form has been determined by the Division of Local Government Services to meet the requirements of the statutes for this type of expenditure.

Date

Signature

Official Position

TOWNSHIP OF BERKELEY HEIGHTS

29 PARK AVENUE
BERKELEY HEIGHTS, NJ 07922
TEL (908)464-2700

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

NO. 26-01555

ORDER DATE: 05/29/26
REQUISITION NO: R26-1348
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO. 57794
DATE PAID 6/9/26

NOTICE: TAX ID #22-6002137 - TAX EXEMPT

SHIP TO

ADMINISTRATION
29 PARK AVENUE
BERKELEY HEIGHTS, NJ 07922

VENDOR

VENDOR #: NORT9
NO. JERSEY HEALTH INSUR. FUND
P.O. BOX 11465
NEWARK, NJ 07101-4465

Phone: (201)587-0555

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	July 26 Active	6-01-23-220-005 EMP INS - Group Health Ins - Medical	200,687.0000	200,687.00
1.00	July 26 Retired	6-01-23-220-005 EMP INS - Group Health Ins - Medical	118,653.0000	118,653.00
			TOTAL	319,340.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant 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.

X _____
VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

_____ 5/29/26
DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

TOWNSHIP OF BERKELEY HEIGHTS
29 PARK AVENUE
BERKELEY HEIGHTS, NJ 07922

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

_____
Diane Sherry/QPA Date

_____
Liza C. Viana/BA Date

_____
Diane Sherry CFO

NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND

MONTHLY BILL/VOUCHER

Township of Berkely Heights
BARBARA RUSSO
29 Park Avenue
Berkeley Heights, NJ 07922

Billing Date: 07/01/2026
Group: 1634
Account Rep: Peter Moore
Phone: 856-479-2158
Email: pmoore@permainc.com

Transactions	Premium		Description Of Coverages
45	$42,660.00	Current	Aetna Medicare Advantage w Rx MDPDP (Township of Berkeley Heights)
1	$1,808.00	Current	Aetna Preferred (Township of Berkeley Heights)
6	$0.00	Adjustment	Aetna Select Open Access $5 (Township of Berkeley Heights)
68	$274,872.00	Current	Aetna Select Open Access $5 (Township of Berkeley Heights)
120	**$319,340.00**		**Total Premium Due**

Please write the amount of your payment in the box.

Send Payments to:

North Jersey Municipal Employee Benefits Fund Attn: Michael Soccio

P.O. Box 11465
Newark, NJ 07101-4465
Note:
North Jersey Municipal Employee Benefits Fund

active 200,687
retired 118,653

Bank: Citizens Bank
Routing # REDACTED
Account # REDACTED

PAYMENT IS DUE NO LATER THAN THE 15TH OF EACH MONTH

If payment is not received by the 15th of each month, you will be assessed a 10% per annum penalty for every day delinquent. Applicable penalties will be applied to the next accommodatable invoice.

Penalty Example: Payment is received on January 20th:
(10% Xs January 2026 Assessment)/365)* 5 (Number of Days Delinquent).

***PLEASE NOTE: THE FUND RESERVES THE RIGHT TO TERMINATE COVERAGE WHEN AN ACCOUNT REMAINS DELIQUENT FOR AN EXTENDED PERIOD OF
TIME, OR WHERE A PATTERN OF UNTIMELY MONTHLY PAYMENTS EXISTS. TIMELY PAYMENTS ARE CRITICAL TO THE FINANCIAL HEALTH OF THE FUND, AND YOUR TIMELY PAYMENT IS APPRECIATED.

This information is for the coverage period starting: 07/01/2026

James Rhodes, Executive Director 05/21/2026

NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND

MONTHLY BILL/VOUCHER

Township of Berkely Heights
BARBARA RUSSO
29 Park Avenue
Berkeley Heights, NJ 07922

Billing Date: 07/01/2026
Group: 1634
Account Rep: Peter Moore
Phone: 856-479-2158
Email: pmoore@permainc.com

Aetna Medicare Advantage w Rx MDPDP (Township of Berkeley Heights)

		Count	Unit Cost	Premium
Employee Only	Current	45	$948.00	$42,660.00
		45		**$42,660.00**

Aetna Preferred (Township of Berkeley Heights)

		Count	Unit Cost	Premium
Employee Only	Current	1	$1,808.00	$1,808.00
		1		**$1,808.00**

Aetna Select Open Access $5 (Township of Berkeley Heights)

		Count	Unit Cost	Premium
Employee + Spouse	Adjustment	3	($4,658.00)	($13,974.00)
Employee Only	Current	16	$2,041.00	$32,656.00
Employee + Spouse	Adjustment	1	$4,658.00	$4,658.00
Family	Adjustment	2	$4,658.00	$9,316.00
Employee + Child(ren)	Current	3	$4,658.00	$13,974.00
Employee + Spouse	Current	16	$4,658.00	$74,528.00
Family	Current	33	$4,658.00	$153,714.00
		74		**$274,872.00**
		120		**$319,340.00**

SENT TO FINANCE 5/28/26

TOWNSHIP OF BERKELEY HEIGHTS

29 PARK AVENUE
BERKELEY HEIGHTS, NJ 07922
TEL (908)464-2700

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

NO. 26-01495

ORDER DATE: 05/27/26
REQUISITION NO: R26-1255
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO. 56806
DATE PAID 6/9/26

NOTICE: TAX ID #22-6002137 - TAX EXEMPT

SHIP TO

ENGINEERING
29 PARK AVENUE
BERKELEY HEIGHTS, NJ 07922

VENDOR

VENDOR #: PORTOFIN
PORTOFINO BUILDERS,LLC
69 IRWIN STREET
SPRINGFIELD, NJ 07081

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Contract: C25-0054 SHERMAN AVE PAYMENT #4 SHERMAN AVENUE REVITALIZATION APRIL 2026 PAYROLL CERTIFICATE # 4 INVOICE # BERKMUN24.013	G-02-20-165-475 SHERMAN AVE STREETSCAPE/PEPPERTOWN 2024	50,548.4000	50,548.40
			TOTAL	50,548.40

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant 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.

X _____
VENDOR SIGN HERE

Managing Mmber 5/27/26
OFFICIAL POSITION DATE

26-2029799
TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

_____ 05/28/26
DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

TOWNSHIP OF BERKELEY HEIGHTS
29 PARK AVENUE
BERKELEY HEIGHTS, NJ 07922

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

_____
Diane Sherry/QPA Date

_____
Liza C. Viana/BA Date

_____
Diane Sherry CFO

R26-1255

All Bills must be presented to Clerk on of before the Friday preceding the first and third Monday in every month.

TOWNSHIP OF BERKELEY HEIGHTS

C25-0054

G-02-20-165-475

UNION COUNTY, NEW JERSEY

DEPARTMENTAL APPROVAL

To PORTOFINO BUILDERS

Address 69 IRWIN STREET

City, St, Zip SPRINGFIELD, NJ 07081

Date May 6, 2026

Director

Project No.: **BERKMUN24.013**

		For the labor, material and equipment in accordance with the Project entitled: Sherman Avenue Revitilization and Engineer's Certificate No. 4 attached hereto.		$50,548.40
			Total	**$50,548.40**

Delivery slips received and checked

(Date) (Signature)

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered said certification being based on signed delivery slips or other reasonable procedures.

MJG Senior Design Engineer

(Signature) (Title)

CLAIMANT'S CERTIFICATION & DECLARATION

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

5/6/26 Managing Member

(Date) (Signature of Vendor) (Official Position)

Listed for Payment _____ **Extension Checked by** _____

Paid on _____, 20____ **Approved for Payment** _____ **Director** _____

By Check No. _____

Charge to Account ☐ **TRUST** ☐ **DOG** ☐ **CAPITAL** ☐ **WATER** ☐ **CURRENT**

Charge to Appropriation _____ #

VOUCHER COPY

NEGLIA

EXPERIENCED
DEDICATED
RESPONSIVE

negliagroup.com

R26-1355

C25-0054

G-02-20-165-475

VIA E-MAIL (alazzari@bhtwp.com) and Hand Delivery

May 12, 2026

Township of Berkeley Heights
Attn.: Angela Lazzari, Township Clerk
29 Park Avenue
Berkeley Heights, NJ 07922

Re: Payment Application No. 4
Sherman Avenue Revitalization
Township of Berkeley Heights, Union County, New Jersey
Neglia File No.: BERKMUN25.013

Dear Ms. Lazzari:

Enclosed please find the following information with regard to the above referenced project, which reflects the work performed for the above referenced project:

- Berkeley Heights Voucher № 4 in the amount of Fifty Thousand Five Hundred Forty-Eight Dollars and Forty Cents ($50,548.40);
- Payment Certificate № 4 in the amount of Fifty Thousand Five Hundred Forty-Eight Dollars and Forty Cents ($50,548.40);
- Certified payrolls for the weeks of 4/4/2026 and 4/11/2026; and
- Monthly manning report(s) to be provided under separate cover upon receipt. Township should not release payment until said monthly manning report(s) are submitted.

Kindly review these documents and process payment at the next Mayor and Council meeting. We trust you will find the above in order. Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,
Neglia Group

Thomas R. Solfaro, P.E., C.M.E., C.P.W.M.
Township Engineer
Township of Berkeley Heights

cc: Liza Viana, Township Administrator (via e-mail, *lviana@bhtwp.com)*
Diane Sherry, Township CFO (via e-mail, *cfo@bhtwp.com)*

LYNDHURST

34 Park Avenue
PO Box 426
Lyndhurst, NJ 07071
p. 201.939.8805 f. 201.939.0846

MOUNTAINSIDE

200 Central Avenue
Suite 102
Mountainside, NJ 07092
p. 201.939.8805 f. 732.943.7249

NEGLIA GROUP

200 CENTRAL AVENUE, SUITE 102, MOUNTAINSIDE, NJ 07092

PAYMENT CERTIFICATE

Project: SHERMAN AVENUE REVITILIZATION
Contractor: PORTOFINO BUILDERS LLC
Address: 69 IRWIN STREET
SPRINGFIELD, NJ 07081
Prepared by: D. E. Blain

Project No: BERKMUN25.013
Date: 5/6/2026
Payment No: 4
Reviewed by: M. J. Gormley

Item No.	Description	Original Contract				Supplementals to Date			Extras to Date		Reductions to Date		Contract Totals To Date		Work Completed To Date		Previous Payments		This Month's Payment	
		Quantity	Unit	Unit Price	Amount	Quantity	Unit Cost	Amount	Quantity	Amount	Quantity	Amount	Quantity	Amount	Quantity	Amount	Quantity	Amount	Quantity	Amount
A - LA-2023 SST Berkeley Heights Township Sherman Avenue Transit Access Project (SATAP) 20																				
1	MOBILIZATION	1	LS	$ 12,000.00	$ 12,000.00			$ -		$ -		$ -	1	$ 12,000.00	1	$ 12,000.00	1	$ 12,000.00		$ -
2	PORTABLE LAVATORY & LAVATORY MAINTENANCE	1	U	$ 1,000.00	$ 1,000.00			$ -		$ -		$ -	1	$ 1,000.00	1	$ 1,000.00	1	$ 1,000.00		$ -
3	CONSTRUCTION LAYOUT	30,000	DOLL	$ 0.01	$ 300.00			$ -		$ -		$ -	30,000	$ 300.00	30,000	$ 300.00	30000	$ 300.00		$ -
4	TEMPORARY CHAIN-LINK FENCE, 6' HIGH	400	LF	$ 1.00	$ 400.00			$ -		$ -		$ -	400	$ 400.00	400	$ 400.00	400	$ 400.00		$ -
5	SILT FENCE	531	LF	$ 1.00	$ 531.00			$ -		$ -		$ -	531	$ 531.00	0	$ -	0	$ -		$ -
6	INLET FILTER TYPE 2, 2' X 4'	9	U	$ 1.00	$ 9.00			$ -		$ -		$ -	9	$ 9.00	0	$ -	0	$ -		$ -
7	BREAKAWAY BARRICADE	10	U	$ 1.00	$ 10.00			$ -		$ -		$ -	10	$ 10.00	10	$ 10.00	10	$ 10.00		$ -
8	DRUM	10	U	$ 1.00	$ 10.00			$ -		$ -		$ -	10	$ 10.00	10	$ 10.00	10	$ 10.00		$ -
9	TRAFFIC CONE	30	U	$ 1.00	$ 30.00			$ -		$ -		$ -	30	$ 30.00	30	$ 30.00	30	$ 30.00		$ -
10	CONSTRUCTION SIGNS	306	SF	$ 1.00	$ 306.00			$ -		$ -		$ -	306	$ 306.00	300	$ 300.00	300	$ 300.00		$ -
11	FLASHING ARROW BOARD, 4' X 8'	1	DAY	$ 100.00	$ 100.00			$ -		$ -		$ -	1	$ 100.00	0	$ -	0	$ -		$ -
12	TRAFFIC CONTROL TRUCK WITH MOUNTED CRASH CUSHION	1	U	$ 500.00	$ 500.00			$ -		$ -		$ -	1	$ 500.00	0	$ -	0	$ -		$ -
13	TEMPORARY PAVEMENT MARKING TAPE, 4"	150	LF	$ 10.00	$ 1,500.00			$ -		$ -		$ -	150	$ 1,500.00	880	$ 8,800.00	880	$ 8,800.00		$ -
14	TRAFFIC DIRECTOR, FLAGGER	16	H	$ 110.00	$ 1,760.00			$ -		$ -		$ -	16	$ 1,760.00	41.9545455	$ 4,615.00	41.9545455	$ 4,615.00		$ -
15	DETECTABLE EDGE PEDESTRIAN BARRIER	400	LF	$ 1.00	$ 400.00			$ -		$ -		$ -	400	$ 400.00	0	$ -	0	$ -		$ -
16	CLEARING SITE	1	LS	$ 95,000.00	$ 95,000.00			$ -		$ -		$ -	1	$ 95,000.00	1	$ 95,000.00	1	$ 95,000.00		$ -
17	SAW CUTTING	1,585	LF	$ 2.00	$ 3,132.00			$ -		$ -		$ -	1,566	$ 3,132.00	1,566	$ 3,132.00	1566	$ 3,132.00		$ -
18	EXCAVATION, UNCLASSIFIED	230	CY	$ 65.00	$ 14,950.00			$ -		$ -		$ -	230	$ 14,950.00	230	$ 14,950.00	230	$ 14,950.00		$ -
19	DISPOSAL OF REGULATED MATERIAL	30	TON	$ 50.00	$ 1,500.00			$ -		$ -		$ -	30	$ 1,500.00	0	$ -	0	$ -		$ -
20	TACK COAT	40	GAL	$ 1.00	$ 40.00			$ -		$ -		$ -	40	$ 40.00	0	$ -	0	$ -		$ -
21	HOT MIX ASPHALT 12.5M64 SURFACE COURSE	46	TON	$ 65.00	$ 2,990.00			$ -		$ -		$ -	46	$ 2,990.00	0	$ -	0	$ -		$ -
22	HOT MIX ASPHALT 25M64 BASE COURSE	92	TON	$ 65.00	$ 5,980.00			$ -		$ -		$ -	92	$ 5,980.00	0	$ -	0	$ -		$ -
23	FUEL PRICE ADJUSTMENT	100	DOLL	$ 1.00	$ 100.00			$ -		$ -		$ -	100	$ 100.00	0	$ -	0	$ -		$ -
24	CONCRETE SIDEWALK, 4" THICK	7	SY	$ 150.00	$ 1,050.00			$ -		$ -		$ -	7	$ 1,050.00	17	$ 2,550.00	17	$ 2,550.00		$ -
25	CONCRETE DRIVEWAY, REINFORCED, 6" THICK	79	SY	$ 160.00	$ 12,640.00			$ -		$ -		$ -	79	$ 12,640.00	79	$ 12,640.00	79	$ 12,640.00		$ -
26	DETECTABLE WARNING SURFACE	9	SY	$ 500.00	$ 4,500.00			$ -		$ -		$ -	9	$ 4,500.00	10	$ 5,000.00	10	$ 5,000.00		$ -
27	CONCRETE PAVER	296	SY	$ 200.00	$ 59,200.00			$ -		$ -		$ -	296	$ 59,200.00	200	$ 40,000.00	200	$ 40,000.00		$ -
28	ENGRAVED GRANITE BAND	36	SF	$ 200.00	$ 7,200.00			$ -		$ -		$ -	36	$ 7,200.00	150	$ 30,000.00	150	$ 30,000.00		$ -
29	GRANITE BLOCK CURB	251	LF	$ 50.00	$ 12,550.00			$ -		$ -		$ -	251	$ 12,550.00	705	$ 35,250.00	650	$ 32,500.00	55	$ 2,750.00
30	RESET GRANITE BLOCK CURB	700	LF	$ 50.00	$ 35,000.00			$ -		$ -		$ -	700	$ 35,000.00	250	$ 12,500.00	250	$ 12,500.00		$ -
31	INLET, TYPE A	3	U	$ 3,500.00	$ 10,500.00			$ -		$ -		$ -	3	$ 10,500.00	2	$ 7,000.00	2	$ 7,000.00		$ -
32	MANHOLE, 4' DIA	2	U	$ 5,000.00	$ 10,000.00			$ -		$ -		$ -	2	$ 10,000.00	2	$ 10,000.00	2	$ 10,000.00		$ -
33	RESET EXISTING CASTING	3	U	$ 500.00	$ 1,500.00			$ -		$ -		$ -	3	$ 1,500.00	0	$ -	0	$ -		$ -
34	RESET WATER VALVE BOX	1	U	$ 50.00	$ 50.00			$ -		$ -		$ -	1	$ 50.00	0	$ -	0	$ -		$ -
35	RESET GAS VALVE BOX	1	U	$ 50.00	$ 50.00			$ -		$ -		$ -	1	$ 50.00	0	$ -	0	$ -		$ -
36	RESET TELECOMMUNICATIONS MANHOLE	2	U	$ 500.00	$ 1,000.00			$ -		$ -		$ -	2	$ 1,000.00	0	$ -	0	$ -		$ -
37	12" REINFORCED CONCRETE PIPE	28	LF	$ 150.00	$ 4,200.00			$ -		$ -		$ -	28	$ 4,200.00	0	$ -	0	$ -		$ -
38	8" DUCTILE IRON PIPE	15	LF	$ 200.00	$ 3,000.00			$ -		$ -		$ -	15	$ 3,000.00	15	$ 3,000.00	15	$ 3,000.00		$ -
39	8" POLYVINYL CHLORIDE PIPE	69	LF	$ 75.00	$ 5,175.00			$ -		$ -		$ -	69	$ 5,175.00	0	$ -	0	$ -		$ -
40	12" POLYVINYL CHLORIDE PIPE	95	LF	$ 85.00	$ 8,075.00			$ -		$ -		$ -	95	$ 8,075.00	130	$ 11,050.00	130	$ 11,050.00		$ -
41	18" POLYVINYL CHLORIDE PIPE	9	LF	$ 100.00	$ 900.00			$ -		$ -		$ -	9	$ 900.00	10	$ 1,000.00	10	$ 1,000.00		$ -
42	2" RIGID NONMETALLIC CONDUIT	550	LF	$ 50.00	$ 27,500.00			$ -		$ -		$ -	550	$ 27,500.00	450	$ 22,500.00	450	$ 22,500.00		$ -
43	3" RIGID METALLIC CONDUIT	5	LF	$ 65.00	$ 325.00			$ -		$ -		$ -	5	$ 325.00	0	$ -	0	$ -		$ -
44	MULTIPLE LIGHTING WIRE, NO. 10 AWG	1,170	LF	$ 5.00	$ 5,850.00			$ -		$ -		$ -	1,170	$ 5,850.00	0	$ -	0	$ -		$ -
45	GROUND WIRE, NO. 8 AWG	585	LF	$ 5.00	$ 2,925.00			$ -		$ -		$ -	585	$ 2,925.00	0	$ -	0	$ -		$ -
46	PC JUNCTION BOX, 8" x 8"	9	U	$ 2,500.00	$ 22,500.00			$ -		$ -		$ -	9	$ 22,500.00	9	$ 22,500.00	9	$ 22,500.00		$ -
47	METER CABINET, TYPE L	1	U	$ 10,000.00	$ 10,000.00			$ -		$ -		$ -	1	$ 10,000.00	0	$ -	0	$ -		$ -
48	FOUNDATION, TYPE MCF	1	U	$ 3,500.00	$ 3,500.00			$ -		$ -		$ -	1	$ 3,500.00	0	$ -	0	$ -		$ -
49	PEDESTRIAN LIGHT, FOOTING	9	U	$ 3,000.00	$ 27,000.00			$ -		$ -		$ -	9	$ 27,000.00	9	$ 27,000.00	9	$ 27,000.00		$ -
50	PEDESTRIAN LIGHT POLE & FIXTURE	9	U	$ 10,000.00	$ 90,000.00			$ -		$ -		$ -	9	$ 90,000.00	0	$ -	0	$ -		$ -
S-3.A.1	S-1 STRIPING BLACKOUT		LS	-	-	1	$ 2,000.00	$ 2,000.00		$ -		$ -	1	$ 2,000.00	1	$ -	1	$ -		$ -
S-3.A.2	S-2 RAILROAD INSURANCE & TRAINING		LS			1	$ 9,000.00	$ 9,000.00		$ -		$ -	1	$ 9,000.00	1	$ -	1	$ -		$ -
S-3.A.3	S-3 DECORATIVE STONE @ FLORIST		LS			1	$ 2,500.00	$ 2,500.00		$ -		$ -	1	$ 2,500.00	1	$ -	1	$ -		$ -
	BASE BID A SUBTOTAL:				$ 508,738.00			$ 13,500.00		$ -		$ -		$ 522,238.00		$ 382,537.00		$ 379,787.00		$ 2,750.00

B - LA-2023 BIKE Berkeley Heights Township Sherman Avenue Bike Path Installation Proposal 20																					
1	MOBILIZATION	1	LS	$ 10,000.00	$ 10,000.00			$ -		$ -		$ -	1	$ 10,000.00	1	$ 10,000.00	1	$ 10,000.00		$ -	
2	CLEARING SITE	1	LS	$ 52,850.00	$ 52,850.00			$ -		$ -		$ -	1	$ 52,850.00	1	$ 52,850.00	1	$ 52,850.00		$ -	
3	EXCAVATION, UNCLASSIFIED	415	CY	$ 5.00	$ 2,075.00			$ -		$ -		$ -	415	$ 2,075.00	0	$ -	0	$ -		$ -	
4	FUEL PRICE ADJUSTMENT	100	DOLL	$ 1.00	$ 100.00			$ -		$ -		$ -	100	$ 100.00	0	$ -	0	$ -		$ -	
5	DETECTABLE WARNING SURFACE	4	SY	$ 500.00	$ 2,000.00			$ -		$ -		$ -	4	$ 2,000.00	4	$ 2,000.00	4	$ 2,000.00		$ -	
6	CONCRETE PAVER	465	SY	$ 200.00	$ 93,000.00			$ -		$ -		$ -	465	$ 93,000.00	230	$ 46,000.00	230	$ 46,000.00		$ -	
7	CONCRETE PAVER, PERMEABLE	180	SY	$ 225.00	$ 40,500.00			$ -		$ -		$ -	180	$ 40,500.00	180	$ 40,500.00	0	$ -	180	$ 40,500.00	
8	GRANITE BLOCK CURB	17	LF	$ 50.00	$ 850.00			$ -		$ -		$ -	17	$ 850.00	17	$ 850.00	17	$ 850.00		$ -	
9	WAYFINDING SIGNAGE	1	U	$ 10,000.00	$ 10,000.00			$ -		$ -		$ -	1	$ 10,000.00	0	$ -	0	$ -		$ -	
10	BACKLESS BENCH, 6' LENGTH	3	U	$ 5,000.00	$ 15,000.00			$ -		$ -		$ -	3	$ 15,000.00	0	$ -	0	$ -		$ -	
11	TRASH RECEPTACLE	1	U	$ 5,000.00	$ 5,000.00			$ -		$ -		$ -	1	$ 5,000.00	0	$ -	0	$ -		$ -	
12	BICYCLE RACK	3	U	$ 2,500.00	$ 7,500.00			$ -		$ -		$ -	3	$ 7,500.00	0	$ -	0	$ -		$ -	
13	RECESSED TRAY COVER	2	U	$ 2,500.00	$ 5,000.00			$ -		$ -		$ -	2	$ 5,000.00	0	$ -	0	$ -		$ -	
14	STRUCTURAL SOIL	257	CY	$ 50.00	$ 12,850.00			$ -		$ -		$ -	257	$ 12,850.00	108	$ 5,400.00	0	$ -	108	$ 5,400.00	
S-3.B.1	S-1 ADDITIONAL FILL @ BIKE PATH		CY			750	$ 39.50	$ 29,625.00		$ -		$ -	750	$ 29,625.00	750	$ -	750	$ -		$ -	
	BASE BID B SUBTOTAL:				$ 256,725.00			$ 29,625.00		$ -		$ -		$ 286,350.00		$ 157,600.00		$ 111,700.00		$ 45,900.00	
C - Pepperdown Park																					
1	MOBILIZATION	1	LS	$ 20,000.00	$ 20,000.00			$ -		$ -		$ -	1	$ 20,000.00	1	$ 20,000.00	1	$ 20,000.00		$ -	
2	TEMPORARY CHAIN-LINK FENCE, 6' HIGH	1200	LF	$ 1.00	$ 1,200.00			$ -		$ -		$ -	1,200	$ 1,200.00	1,200	$ 1,200.00	1200	$ 1,200.00		$ -	
3	SILT FENCE	120	LF	$ 1.00	$ 120.00			$ -		$ -		$ -	120	$ 120.00	0	$ -	0	$ -		$ -	
4	INLET FILTER TYPE 2, 2' X 4'	2	U	$ 1.00	$ 2.00			$ -		$ -		$ -	2	$ 2.00	0	$ -	0	$ -		$ -	
5	CONSTRUCTION DRIVEWAY	30	TON	$ 1.00	$ 30.00			$ -		$ -		$ -	30	$ 30.00	0	$ -	0	$ -		$ -	
6	TREE PROTECTION	1,000	LF	$ 1.00	$ 1,000.00			$ -		$ -		$ -	1,000	$ 1,000.00	0	$ -	0	$ -		$ -	
7	CLEARING SITE	1	LS	$ 79,500.00	$ 79,500.00			$ -		$ -		$ -	1	$ 79,500.00	1	$ 79,500.00	1	$ 79,500.00		$ -	
8	EXCAVATION, UNCLASSIFIED	355	CY	$ 10.00	$ 3,550.00			$ -		$ -		$ -	355	$ 3,550.00	355	$ 3,550.00	355	$ 3,550.00		$ -	
9	CONCRETE SIDEWALK, 4" THICK	682	SY	$ 100.00	$ 68,200.00			$ -		$ -		$ -	682	$ 68,200.00	523.3	$ 52,330.00	510	$ 51,000.00	13.3	$ 1,330.00	
10	CONCRETE PAVER	152	SY	$ 200.00	$ 30,400.00			$ -		$ -		$ -	152	$ 30,400.00	85	$ 17,000.00	85	$ 17,000.00		$ -	
11	BOCCE COURT	1	U	$ 20,000.00	$ 20,000.00			$ -		$ -		$ -	1	$ 20,000.00	0	$ -	0	$ -		$ -	
12	LANDSCAPE ACCENT WALL	54	SF	$ 650.00	$ 35,100.00			$ -		$ -		$ -	54	$ 35,100.00	0	$ -	0	$ -		$ -	
13	INLET, TYPE A	1	U	$ 3,500.00	$ 3,500.00			$ -		$ -		$ -	1	$ 3,500.00	1	$ 3,500.00	1	$ 3,500.00		$ -	
14	12" POLYVINYL CHLORIDE PIPE	32	LF	$ 175.00	$ 5,600.00			$ -		$ -		$ -	32	$ 5,600.00	0	$ -	0	$ -		$ -	
15	DECORATIVE FENCE	320	LF	$ 140.00	$ 44,800.00			$ -		$ -		$ -	320	$ 44,800.00	0	$ -	0	$ -		$ -	
16	TRASH RECEPTACLE	2	U	$ 5,000.00	$ 10,000.00			$ -		$ -		$ -	2	$ 10,000.00	0	$ -	0	$ -		$ -	
17	BICYCLE RACK	3	U	$ 2,500.00	$ 7,500.00			$ -		$ -		$ -	3	$ 7,500.00	0	$ -	0	$ -		$ -	
18	TREE REMOVAL, OVER 12" TO 18" DIAMETER	17	U	$ 2,000.00	$ 34,000.00			$ -		$ -		$ -	17	$ 34,000.00	17	$ 34,000.00	17	$ 34,000.00		$ -	
19	TREE REMOVAL, OVER 18" TO 24" DIAMETER	3	U	$ 3,000.00	$ 9,000.00			$ -		$ -		$ -	3	$ 9,000.00	3	$ 9,000.00	3	$ 9,000.00		$ -	
20	BORROW TOPSOIL	62	CY	$ 50.00	$ 3,100.00			$ -		$ -		$ -	62	$ 3,100.00	74	$ 3,700.00	74	$ 3,700.00		$ -	
21	FERTILIZE & SEEDING, TYPE A-1	4,421	SY	$ 1.00	$ 4,421.00			$ -		$ -		$ -	4,421	$ 4,421.00	0	$ -	0	$ -		$ -	
22	BIORETENTION MEDIA	42	CY	$ 50.00	$ 2,100.00			$ -		$ -		$ -	42	$ 2,100.00	32	$ 1,600.00	0	$ -	32	$ 1,600.00	
S-3.C.1	S-1 TREE REMOVAL, OVER 6" TO 12" DIAMETER		U			13	$ 700.00	$ 9,100.00		$ -		$ -	13	$ 9,100.00	0	$ -	0	$ -		$ -	
S-3.C.2	S-2 TREE REMOVAL, OVER 24" DIAMETER		U			2	$ 3,400.00	$ 6,800.00		$ -		$ -	2	$ 6,800.00	0	$ -	0	$ -		$ -	
S-3.C.3	S-3 REMOVE ELECTRICAL CONDUIT & FIXTURES		LS			1	$ 3,500.00	$ 3,500.00		$ -		$ -	1	$ 3,500.00	0	$ -	0	$ -		$ -	
S-3.C.4	S-4 RECONSTRUCT INLET, PLUG STORM PIPE & REMOVE INLET		LS			1	$ 3,500.00	$ 3,500.00		$ -		$ -	1	$ 3,500.00	0	$ -	0	$ -		$ -	
ID C SUBTOTAL:					$ 383,123.00			$ 22,900.00		$ -		$ -		$ 406,023.00		$ 225,380.00		$ 222,450.00		$ 2,930.00	
	TOTAL:				$ 1,148,586.00			$ 66,025.00		$ -		$ -		$ 1,214,611.00		$ 765,517.00		$ 713,937.00		$ 51,580.00	

Original Contract Amount		$1,148,586.00
Supplemental to Date		$66,025.00
Extras to Date		$0.00
Reductions to Date		$0.00
Adjusted Contract Amount		$1,214,611.00
Percent Increase (Decrease)		5.75%
Amount of Contract Completed		$765,517.00
Total Retainage to Date		$15,310.34
Total Pd. To Date (Includes this payment)		$750,206.66
Percent Completed		63.03%
Previous Invoices (Total)		$713,937.00
This Month's Invoice		$51,580.00
Less Retainage	2%	$1,031.60
Total Due This Payment		$50,548.40

ENGINEER:
I hereby certify that I have examined this estimate and find same to be correct. All work covered by this certificate appears to have been performed in accordance with the plans and specifications. This certificate is not intended as a final acceptance of the work.

BY

NEGLIA GROUP
Supervising Engineer — Date: 5/6/26

NEGLIA GROUP
Inspector — Date: 5/6/26

CONTRACTOR:
The undersigned CONTRACTOR certifies that (1) all previous progress payments received from OWNER on account of work done under the Contract referred to above have been applied to discharge in full all obligations of CONTRACTOR incurred in connection with Work covered by Prior Payment Estimates; and (2) title to all materials and equipment incorporated in said Work or otherwise listed in or covered by this Payment Estimate will pass to OWNER at time of payment free and clear of all liens, claims, security interests and encumbrances (except such as covered by Bond acceptable to OWNER)

BY

PORTOFINO BUILDERS LLC

Signature — Date: 5/6/26

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

SUBMIT form via the NJ Wage Hub (*njwages.nj.gov*) or use other submission methods in the portal.

IMPORTANT: For purposes of law, you must *also* submit this form to the appropriate public body or lessor, either via the NJ Wage Hub or other methods.

Name of ☑ Contractor or ☐ Subcontractor	Business Address	Project Name
Portofino Builders LLC	69 Irwin Street Springfield, NJ 07081	Sherman Avenue Revitalization Transportation
F.E.I.N. [redacted]	Project Location	Contract I.D. or Project I.D.
	Sherman Avenue, Berkeley Heights, NJ	82267
		Contractor Registration #
		36092

Payroll	Wages Due & Paid	Week Ending Date
9	04/10/2026	04/04/2026 or ☐ Final Certification

1.	2. Work		3. Demographics			Overtime or Straight Time	4. Day and Date							5.	6.	7.		8. Deductions						9.	10.
Employee Name	Job Title *e.g., apprentice, journeyman, foreman*	Work Classification/ Occupational Category *e.g., carpenter, mason, plumber*	Sex *M=Male F=Female N=Non-Binary*	Race *See Key*	Ethnicity *H=Hispanic N=Non-Hispanic*		SU mm-dd	MO 03/30	TU 03/31	WE 04/01	TH 04/02	FR 04/03	SA 04/04	Total Hours	Hourly Rate of Pay	Gross Amt. Earned This Project	Gross Amt. Earned This Week	FICA	Federal Tax	State Tax	Other	(specify) union	Total Deductions	Net Wages Paid for Week	Total Fringe Benefit Cost/Hour
							Hours worked each day																	
[redacted EMPLOYEE IDENTIFIERS]	Journeyman	Supervisor	M	W	N	S		8	8	8	8	8		40	57.50	2,300.00	2,300.00	168.43	314.61	116.38	19.44	98.10	716.96	1,583.04	
						O		-	-	-	-	-													
	Journeyman	Laborer Foreman	M	W	H	S		8	8	8	8	5		37	56.95	2,264.40	2,264.40	173.24	101.34	109.85	19.13	236.06	639.62	1,624.78	41.23
						O		-	-	-	-	-			85.43										
	Journeyman	Operator	M	W	H	S		8	8	8	8	5		37	61.72	2,283.64	2,283.64	174.70	190.19	115.24	19.29	68.51	567.93	1,715.71	39.15
						O		-	-	-	-	-			92.58										
	Journeyman	Laborer B	M	W	H	S		8	8	8	8	5		37	53.65	2,151.55	2,151.55	164.59	303.53	105.99	18.18	188.70	780.99	1,370.56	41.23
						O		-	-	-	-	-			80.48										
	Journeyman	Laborer C	M	W	H	S		8	8	8	8	8		40	53.40	2,559.05	2,559.05	195.78	184.92	133.17	21.63	618.53	1,154.03	1,405.02	41.23
						O		1	1	1	-	-		3	80.10										
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KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

See following page for instructions

☐ Check if additional sheets attached

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Portofino Builders LLC
(Contractor or Subcontractor)
on the _____
(Project Name & Location)
that during the payroll period beginning on (date) 03/23/26, and ending on (date) 03/28/26, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

☑ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

☑ By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name Miguel Carreira

Title Managing Member Date (mm/dd/yy) 04/21/26

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. – N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)
To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

Program Title, Classification Title, or Individual Workers	Health/ Welfare	Vacation/Holiday	Apprenticeship/ Training	Pension	Other Benefit Type and Amount (e.g., training, long-term disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	USDOL Benefit Plan Filing Number/EIN	Third-Party Trustee &/or Contract Person
Olger Inahuazo	13.30	4.50	0.65	11.95	10.83			
Jimmy Jimenez	16.00	0.00	1.75	12.50	8.90			
Francisco Lopo	13.30	4.50	0.65	11.95	10.83			
Lazaro Dias	13.30	4.50	0.65	11.95	10.83			

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

SUBMIT form via the NJ Wage Hub (*njwages.nj.gov*) or use other submission methods in the portal.

IMPORTANT: For purposes of law, you must *also* submit this form to the appropriate public body or lessor, either via the NJ Wage Hub or other methods.

Name of ☑ Contractor or ☐ Subcontractor
Portofino Builders LLC
F.E.I.N [redacted]

Payro[redacted]	[redacted]e Wages Due & Paid	Week Ending Date
10	04/17/2026	04/11/2026 or ☐ Final Certification

Business Address
69 Irwin Street
Springfield, NJ 07081

Project Location
Sherman Avenue,
Berkeley Heights, NJ

Project Name
Sherman Avenue Revitalization Transportation

Contract I.D. or Project I.D.
82267

Contractor Registration #
36092

1. Employee Name	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female N=Non-Binary)	Race (See Key)	Ethnicity (H=Hispanic N=Non-Hispanic)	Overtime or Straight Time	4. SU	MO 04/06	TU 04/07	WE 04/08	TH 04/09	FR 04/10	SA 04/11	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	This Week	8. Deductions: FICA	Federal Tax	State Tax	Other	(specify) union	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
[redacted]	Journeyman	Supervisor	M	W	N	S		8	8	-	-	-		16	57.50	920.00	2,300.00	158.45	314.61	116.38	19.44	98.10	716.98	1,583.02	
						O		-	-	-	-	-													
	Journeyman	Laborer Foreman	M	W	H	S		8	8	-	-	-		16	56.95	922.40	2,537.68	194.12	134.14	128.98	21.45	262.29	740.98	1,796.70	41.23
						O		-	-	-	-	-			85.43										
	Journeyman	Operator	M	W	H	S		8	8	-	-	-		16	61.72	930.40	2,468.80	188.86	212.41	128.20	20.86	74.06	624.39	1,844.41	39.15
						O		-	-	-	-	-			92.58										
	Journeyman	Laborer B	M	W	H	S		8	8	-	-	-		16	53.65	987.52	2,410.98	184.44	361.98	124.15	20.37	209.10	900.04	1,510.94	41.23
						O		-	-	-	-	-			80.48										
	Journeyman	Laborer C	M	W	H	S		8	8	-	-	-		16	53.40	922.40	2,559.05	195.77	184.92	133.17	21.63	618.53	1,154.02	1,405.03	41.23
						O		-	-	-	-	-			80.10										
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KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

See following page for instructions

☐ Check if additional sheets attached

MW-562 (6/23)

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Portofino Builders LLC (Contractor or Subcontractor) on the _____ (Project Name & Location) that during the payroll period beginning on (date) 04/06/26, and ending on (date) 04/11/26, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

☑ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

☑ By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name Miguel Carreira

Title Managing Member Date (mm/dd/yy) 04/24/26

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Lazaro Dias	13.30	4.50	0.65	11.95	10.83			

TOWNSHIP OF BERKELEY HEIGHTS

29 PARK AVENUE
BERKELEY HEIGHTS, NJ 07922
TEL (908)464-2700

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

NO. 26-01310

ORDER DATE: 05/11/26
REQUISITION NO: R26-1122
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

SEWER DEPARTMENT
29 SNYDER AVENUE
BERKELEY HEIGHTS NJ 07922

VENDOR

VENDOR #: PUMPI

PUMPING SERVICE, INC.
201 LINCOLN BLVD
MIDDLESEX, NJ 08846-0117

PAYMENT RECORD

CHECK NO. 56807

DATE PAID 6/9/26

NOTICE: TAX ID #22-6002137 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	APR '26 DIESEL TRASH PUMP RENT INVOICE #1157712	6-01-26-295-026 SEWER - Maintenance of Other	3,213.0000 Equipment	3,213.00
4.00	20' L OF 6" SUCTION HOSE	6-01-26-295-026 SEWER - Maintenance of Other	189.0000 Equipment	756.00
1.00	4" MANHOLE DROP PIPE	6-01-26-295-026 SEWER - Maintenance of Other	63.0000 Equipment	63.00
4.00	20'L OF 4" SUCTION HOSE	6-01-26-295-026 SEWER - Maintenance of Other	126.0000 Equipment	504.00
1.00	25'L OF 4" BYPASS HOSE	6-01-26-295-026 SEWER - Maintenance of Other	84.0000 Equipment	84.00
			TOTAL	4,620.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant 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.

X _____ VENDOR SIGN HERE 5/12/26

OF [REDACTED TAX ID]

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

_____ 5/12/26
DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

TOWNSHIP OF BERKELEY HEIGHTS
29 PARK AVENUE
BERKELEY HEIGHTS, NJ 07922

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

_____
Diana Sherry/QPA Date

_____
Liza C. Viana/BA Date

_____
Diane Sherry CFO

R26-1172-516 ✓

PSI PROCESS
Employee Owned
Pumping Services, Inc.
201 Lincoln Boulevard
Middlesex, NJ 08846
(732) 469-4540
www.psiprocess.com
Electrical Contractor Bus. Permit #34EB01825300

Invoice

INVOICE #	1157712
DATE	04/28/26
PAGE	1 of 2

BILL TO
000665
Township of Berkeley Heights
ATTN:Finance, Accounts Payable
29 Park Avenue
Berkeley Heights, NJ 07922

SHIP TO
Berkeley Heights Township
29 Snyder Avenue
Berkeley Heights, NJ 07922

ORDER NUMBER	PAYMENT TERMS	CUSTOMER P/O NUMBER	INSTRUCTIONS
158733	Net 30 Days Pending	EMERGENCY	
WRITTEN BY	CONTACT	SHIP VIA	
Brett Anderson	Alan	OUR TRUCK - PICK-UP REQUIRED	

PRODUCT/DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	PRICE	U/M	EXTENSION
RENT RP4G60-BF6L 4" X 6" DIESEL TRASH PUMP DRY PRIME ATTENTION: Overtime usage, if applicable, will be invoiced at the hourly overtime rate at the end of the rental. Please call us if you would like to arrange interim overtime billing. Engine driven equipment must be serviced with new filters and oil every 200 hours of run time. Pumping Services will provide this service if the equipment is located under 1 hour travel time from our shop as calculated by google maps. Otherwise we will provide you with the filters and any technical assistance you need over the phone. From 04/01/26 12:00PM To 04/28/26 09:30AM Rent Complete DAY: 1071.0000 WK: 1071.0000 MO: 3213.0000 O/T: 10.0406 Rental Unit#: 2743 Serial#: 1299585	1	1	0	3213.0000	MO	3,213.00
[redacted]						
HOSER6SC20Q 20' LENGTH OF 6" SUCTION HOSE WITH QD COUPLINGS From 04/01/26 12:00PM To 04/28/26 09:30AM Rent Complete DAY: 31.5000 WK: 63.0000 MO: 189.0000 O/T:	4	4	0	189.0000	MO	756.00
STRAINERR6B 6" FULL OPEN BYPASS STRAINER From 04/01/26 12:00PM To 04/28/26 09:30AM Rent Complete DAY: 0.0000 WK: 0.0000 MO: 0.0000 O/T:	1	1	0	0.0000	MO	0.00
DPIPE4 4" MANHOLE DROP PIPE From 04/01/26 12:00PM To 04/28/26 09:30AM Rent Complete DAY: 10.5000 WK: 21.0000 MO: 63.0000 O/T:	1	1	0	63.0000	MO	63.00
HOSER4SC20Q 20' LENGTH OF 4" SUCTION HOSE WITH QD COUPLINGS From 04/01/26 12:00PM To 04/28/26 09:30AM	4	4	0	126.0000	MO	504.00

Continued...

PSI PROCESS
Employee Owned
Pumping Services, Inc.
201 Lincoln Boulevard
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Electrical Contractor Bus. Permit #34EB01825300

Invoice

INVOICE #	1157712
DATE	04/28/26
PAGE	2 of 2

PRODUCT/DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	PRICE	U/M	EXTENSION
Rent Complete DAY: 21.0000 WK: 42.0000 MO: 126.0000 O/T: **HOSER4B25Q** 25' LENGTH OF 4" BYPASS HOSE FLANGED From 04/13/26 09:30AM To 04/28/26 09:30AM	1	1	0	126.0000	MO	84.00
Rent Complete DAY: 21.0000 WK: 42.0000 MO: 126.0000 O/T: **QDR6MXF4** 6" MALE X 4" FEMALE QD ADAPTER From 04/18/26 02:00PM To 04/28/26 09:30AM	1	1	0	0.0000	MO	0.00
Rent Complete DAY: 0.0000 WK: 0.0000 MO: 0.0000 O/T:						

MERCHANDISE TOTAL	HANDLING / MISC CHARGE	TAX	FREIGHT	DEPOSIT AMOUNT	DEPOSIT APPLIED	INVOICE TOTAL
4,620.00	0.00	0.00	0.00	0.00	0.00	4,620.00

5/7/26
Hi Linda

Price is correct

Have a GREAT Day!

Thank you
Rene' Gambino

PSI PROCESS

201 Lincoln Blvd.
Middlesex, NJ 08846
Direct: (732) 667-1808
Main: (732) 469-4540

From: Linda Palumbo <lpalumbo@bhtwp.com>
Sent: Wednesday, May 6, 2026 1:38 PM
To: Rene Gambino <rene.gambino@psiprocess.com>
Subject: quick question

Hi Rene,
Pls see page 2 at the top of the attached invoice since the price reads $126 but next to it reads $84 so pls lmk if this is correct or not, tks.

Linda Palumbo
Township of Berkeley Heights
908-464-2700 x2167