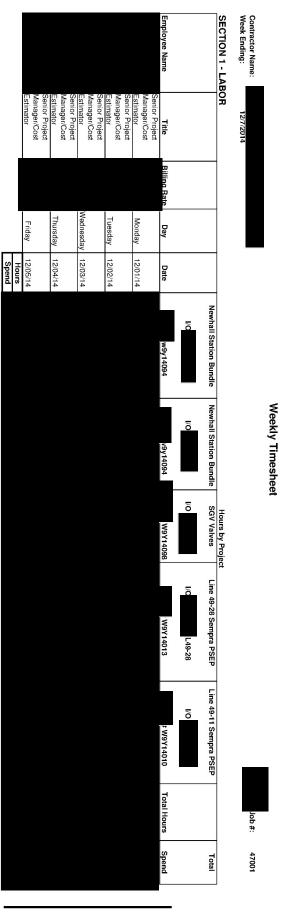
EXPENSE PRE-AUTHORIZATION FORM

		Pipel	ine Safety Enhancement Plar	n (PSEP)				
	EMPLOYEE NAME: Contractor Name: Contract Number:			Week Ending Date: 11 Project Number: Project Name:	/30/2014			
appi	roved in advanced as evidenced by obtaini	ing the required signatures below, b) i	by use of this Expense Pre-Authorization I n accordance with the provisions of the Co exist if Contractor fails to meet these requi	ntract, c) are in accordance v	enses shall b with Contrac	se limited to tor's latest a	those expens	es which are a) ractor Roster, and d)
#	Expense Description	Detailed Description	Purpose	U	Init Rate	Units	UOM	Amount (\$)
_							Miles	
2		***						
3	Accommodations (Lodging)						Nights	
4	Meals*			-			LOT	
5	Ground Transportation			 			1	
6	Car Rental				\$0.00	0.00	Day	\$0.00
7_	<u> </u>	-			70.00	0.00		1
8 a								
b		-		<u></u>				
c		-						
ď								
e								
9	Other Reimbursable Expenses							
а								
b								•••
_ <u>c</u>								
d		 -						Same.
e								
Ť	* Maximum o	noted on the Contractor Roster, is the Gas Com,	pany Tower, are not eligible for reimbursement of po	wking.				
	* Maximum o	noted on the Contractor Roster, is the Gas Com,	pany Tower, are not eligible for reimbursement of pa		Jnit Rate	Unîts	UOM	Amount (\$)
	* Maximum o						Days	Amount (\$)
	* Maximum o er day, per person ** Employees whose Primory Work Location, as n	Effective Date					Days	Amount (\$)
 	* Maximum o er day, per person ** Employees whose Primory Work Location, as n	Effective Date					Days	Amount (\$)
 	* Maximum o er day, per person ** Employees whose Primary Work Location, as a Per Diem	Effective Date					Days	Amount (\$)
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ADI	* Maximum a ** Employees whose Primary Work Location, as a Per Diem DITIONAL COMMENTS / JUSTIFICATION	Effective Date 10/24/14 - 11/30/14	Inclusive of:	Estimated Total Exper	nses for We		Days	Amount (\$)
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ADI	* Maximum o ** Employees whose Primory Work Location, as a Per Diem DITIONAL COMMENTS / JUSTIFICATION ERTIFY THAT THE ABOVE INFORMATION IS * signature by Contractor	Effective Date 10/24/14 - 11/30/14 STRUE, CORRECT AND IN ACCORDAN	Lociusive of:	Estimated Total Exper	nses for We	12/1/2014	Days	Amount (\$)
ADI	* Maximum o ** Employees whose Primary Work Location, as a Per Diem DITIONAL COMMENTS / JUSTIFICATION ERTIFY THAT THE ABOVE INFORMATION IS a signature by Contractor Intel Name PPROVAL	Effective Date 10/24/14 - 11/30/14 STRUE, CORRECT AND IN ACCORDAN	Lociusive of:	Estimated Total Exper	POLICY	12/1/2014 Date	Days 11/30/2014	Amount (\$)
ADI	* Maximum o ** Employees whose Primary Work Location, as a Per Diem DITIONAL COMMENTS / JUSTIFICATION ERTIFY THAT THE ABOVE INFORMATION IS a signature by Contractor Intel Name PPROVAL	Effective Date 10/24/14 - 11/30/14 STRUE, CORRECT AND IN ACCORDAN	Lociusive of:	Estimated Total Exper	POLICY	12/1/2014 Date	Days 11/30/2014	Amount (\$)
1 CI For	* Maximum o Per day, per person ** Employees whose Primary Work Location, as a Per Diem DITIONAL COMMENTS / JUSTIFICATION ERTIFY THAT THE ABOVE INFORMATION IS a signature by Contractor Intel Name PPROVAL or signature by a Company Authorized Reput	Effective Date 10/24/14 - 11/30/14 STRUE, CORRECT AND IN ACCORDAN	Lociusive of:	Estimated Total Exper	POLICY	12/1/2014	Days 11/30/2014	Amount (\$)
ADI	* Maximum o Per day, per person ** Employees whose Primary Work Location, as a Per Diem DITIONAL COMMENTS / JUSTIFICATION ERTIFY THAT THE ABOVE INFORMATION IS * signature by Contractor Inted Name PPROVAL * signature by a Company Authorized Reputation of the signature of	Effective Date 10/24/14 - 11/30/14 STRUE, CORRECT AND IN ACCORDAN resentative.	Lociusive of:	Estimated Total Exper	POLICY	12/1/2014 Date	Days 11/30/2014	

Attachment D Weekly Timesheet



EXPENSE PRE-AUTHORIZATION FORM

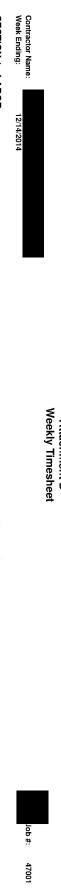
Pipeline Safety Enhancement Plan (PSEP)

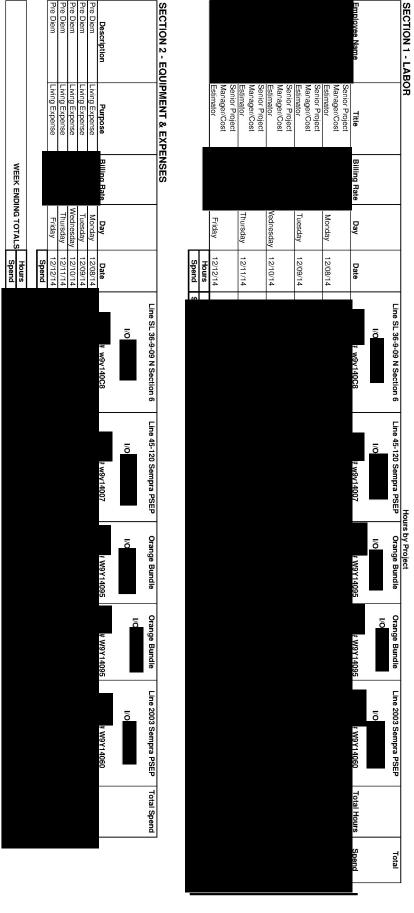
EMPLOYEE NAME:		
Contractor Name:		
Contract Number:	Agreement No.	

Week Ending Date: 12/7/2014 Project Number: Project Name:

Expense Description	Detailed Description	Purpose	Unit Rate	Units	UOM	Amount (\$)
Auto Mileage					Miles	
Air Travel				0000000		
Accommodations (Lodging)					Nights	
Meals*					LOT	
Ground Transportation						
Car Rental						
Parking**			\$0.00	0.00	Day	\$0.00
Other Business Expenses						
Other Reimbursable Expenses						
·						
* Maximum of per day, per person						
** Employees whose Primary Work Location Per Diem	Effective Date 12/1/14-12/7/14	Inclusive of:	Unit Rate	Units eek Ending:	UOM Days 12/7/2014	Amount (\$
Per Dlem	12/1/14 - 12/7/14		Unit Rate		Days	Amount (\$)
Per Dlem	12/1/14 - 12/7/14		{		Days	Amount (\$)
Per Dlem	12/1/14 - 12/7/14		{		Days	Amount (\$)
Per Dlem	12/1/14 - 12/7/14		{		Days	Amount (\$)
Per Dlem	12/1/14 - 12/7/14		{		Days	Amount (\$)
Per Dlem	12/1/14 - 12/7/14		{		Days	Amount (\$)
Per Dlem	12/1/14 - 12/7/14		{		Days	Amount (\$)
Per Diem	12/1/14 - 12/7/14		{		Days	Amount (\$)
Per Diem	12/1/14 - 12/7/14		{		Days	Amount (\$
Per Diem	12/1/14 - 12/7/14		{		Days	Amount (\$)
Per Diem	12/1/14 - 12/7/14		{		Days	Amount (\$)
Per Diem DITIONAL COMMENTS / JUSTIFICATI	12/1/14 - 12/7/14		mated Total Expenses for W		Days	Amount (\$)
Per Diem DITIONAL COMMENTS / JUSTIFICATI	12/1/14 - 12/7/14	Esti	mated Total Expenses for W		Days	Amount (\$)
Per Diem DDITIONAL COMMENTS / JUSTIFICATI	12/1/14 - 12/7/14	Esti	mated Total Expenses for W		Days	Amount (\$)
Per Diem DITIONAL COMMENTS / JUSTIFICATI	12/1/14 - 12/7/14	Esti	mated Total Expenses for W	eek Ending:	Days	Amount (\$)
Per Diem DDITIONAL COMMENTS / JUSTIFICATI DESCRIPTION THAT THE ABOVE INFORMATI or signature by Contractor	12/1/14 - 12/7/14	Estin	mated Total Expenses for W		Days	Amount (\$)
Per Diem DITIONAL COMMENTS / JUSTIFICATI DITIONAL COMMENTS / JUS	12/1/14 - 12/7/14	Esti	mated Total Expenses for W	eek Ending:	Days	Amount (\$)
Per Diem DITIONAL COMMENTS / JUSTIFICATI DITIONAL COMMENTS / JUS	12/1/14 - 12/7/14	Estin	mated Total Expenses for W	eek Ending:	Days	Amount (\$)
Per Diem DDITIONAL COMMENTS / JUSTIFICATION DESCRIPTION THAT THE ABOVE INFORMATION Signature by Contractor Inted Name PPROVAL	12/1/14 - 12/7/14 ON ON IS TRUE, CORRECT AND IN ACCORDA	Estin	mated Total Expenses for W	eek Ending:	Days	Amount (\$)
Per Diem DITIONAL COMMENTS / JUSTIFICATI	12/1/14 - 12/7/14 ON ON IS TRUE, CORRECT AND IN ACCORDA	Estin	mated Total Expenses for W	eek Ending:	Days	Amount (\$)
Per Diem DDITIONAL COMMENTS / JUSTIFICATION DESCRIPTION THAT THE ABOVE INFORMATION Inter Signature by Contractor Inter Name PPROVAL	12/1/14 - 12/7/14 ON ON IS TRUE, CORRECT AND IN ACCORDA	Estin	mated Total Expenses for W	12/8/2014 Date	Days 12/7/2014	Amount (\$)
Per Diem DITIONAL COMMENTS / JUSTIFICATION ERTIFY THAT THE ABOVE INFORMATION In signature by Contractor Inted Name PPROVAL	12/1/14 - 12/7/14 ON ON IS TRUE, CORRECT AND IN ACCORDA	Estin	mated Total Expenses for W	eek Ending:	Days 12/7/2014	Amount (\$)

Attachment D Weekly Timesheet





EXPENSE PRE-AUTHORIZATION FORM Pipeline Safety Enhancement Plan (PSEP) **EMPLOYEE NAME:** Contractor Name: Week Ending Date: 12/14/2014 Contract Number: Agreement No. Project Number: Project Name: Contractor is responsible for obtaining approval for any and all expenses in advance by use of this Expense Pre-Authorization Form. Compensation for expenses shall be limited to those expenses which are a) approved in advanced as evidenced by obtaining the required signatures below, b) in accordance with the provisions of the Contract, c) are in accordance with Contractor's latest approved Contractor Roster, and d) are in accordance with the Company Travel Policy. No obligation for payment shall exist if Contractor fails to meet these requirements, # Expense Description **Detailed Description** UOM **Purpose Unit Rate** Units Amount (\$) 1 Auto Mileage Miles 2 Air Travel 3 Accommodations (Lodging) Nights 4 Meals* LOT 5 Ground Transportation 6 Car Rental 7 Parking** \$0.00 0.00 \$0.00 Day 8 Other Business Expenses b c d e 9 Other Relmbursable Expenses b ¢ d e Maximum of . ose Primary Work Location, as noted on the Contractor Roster, is the Gas Company Tower, are not eligible for reimbursement of parking. **Effective Date** Inclusive of: MOU Amount (\$) 12/8/14 - 12/14/14 Per Diem Days Estimated Total Expenses for Week Ending: 12/14/2014 ADDITIONAL COMMENTS / JUSTIFICATION

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE PROVISIONS OF THE CONTRACT AND COMPANY TRAVEL POLICY
For signature by Contractor

Signature

12/15/2014 Date

Printed Name
APPROVAL

For signature by a Company Authorized Representative.

Printed Name

12-16-14 Date

Contractor is responsible for retaining all expense approvals. All invoices which include reimpursable expenser must include an authorized Expense Pre-Authorization Form as well as copies of the original bills, itemized receipts, invoices, expense accounts and other miscellaneous supporting data.

Invoice Check List

Vendor has provided an Invoice that includes the following:

- Includes Vendor/Contractors address
- Date of the invoice
- Invoice number (e.g. Invoice 2414)
- Dates of service of the invoice
- Project number or PO number clearly identified
- Project manager clearly identified
- © Funding amounts allocated has not been overspent.

Vendor/Contractor has provided an Invoice Summary which summarizes all work completed per task during the dates of service of the invoice.

- Work invoiced is consistent with the Scope of Work/PO
- O Hours billed match weekly timesheets

Vendor / Contractor have provided Documentation of allowable reimbursable expenses (itemized receipts, timesheets, consultant invoices, etc.)

- O Documentation falls within the dates of invoice (which also needs to fall within the start date of work service.
- Pre-authorization forms provided for all lodging and air travel expenses
- Adequately shows that costs have been expended by the vender/contractor. (All staff, recipient work, consultant work, and expenditures must be paid for prior to requesting reimbursement
- © Review invoice and deliverable(s) to verify what was paid or been obtained.
- Pre-authorization for any overtime being billed

Reviewer: _	Invoice number: _	5681
PM: _	Vendor: _	

Mail content report generated by COLLECTOR

From:

Sent: Thursday, February 12, 2015 3:21 PM

To: <u>AP_Invoices_</u>SCG

Subject: 5681

Attachments: COL_3CG22017.pdf

Attached you will find the following reviewed invoice.

5681

Please advise if any additional information is needed.

Thank you,

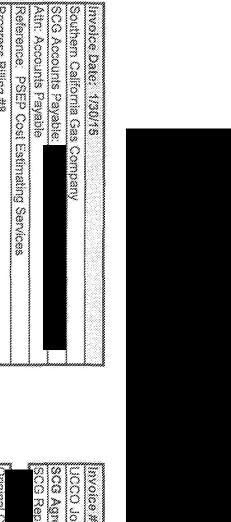
SoCalGas PSEP 555 W 5th St, 23-098 Los Angeles, CA 90001

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intended recipient. Any viewing, copying or distribution of, or reliance on this message by unintended recipients is strictly prohibited. If you have received this message in error, please notify us immediately by replying to the message and deleting it from your computer.

This email originated outside of Sempra Energy. Be cautious of attachments, web links, or requests for information.

	_									
Itm	PK	Account	Account short text	Тx	CoCd	Cost Ctr	Order	Act	Amount	Text
1		114205			2200					
2	81	6220002	SRV-CONSULTING	IO	2200	2200-2430				Oct-Dec - General Cost Estimating - SCG O&M
3	81	6220002	SRV-CONSULTING	ΙO	2200	2200-2430		İ		Oct-Dec - General Cost Estimating - SCG Capita
4	81	6220002	SRV-CONSULTING	IO	2200	2200-2430				Oct-Dec - General Cost Estimating - SDGE Capit
5	81	6220002	SRV-CONSULTING	ΙO	2200	2200-2430				Oct-Dec - Cost Estimating for Line 2000-West
6	81	6220002	SRV-CONSULTING	IO	2200	2200-2430				Oct-Dec - Cost Estimating for Line 33-120
7	81	6220002	SRV-CONSULTING	ΙO	2200	2200-2430		1		Oct-Dec - Cost Estimating for Pixley Station B
8	81	6220002	SRV-CONSULTING	IO	2200	2200-2430				Oct-Dec - Cost Estimating for Victoria Station
9	81	6220002	SRV-CONSULTING	ΙO	2200	2200-2430				Oct-Dec - Cost Estimating for Line 37-18-F
10	81	6220002	SRV-CONSULTING	IO	2200	2200-2430				Oct-Dec - Cost Estimating for L2001 MLV Statio
11	81	6220002	SRV-CONSULTING	ΙO	2200	2200-2430				Oct-Dec - Cost Estimating for Line 49-28
12	81	6220002	SRV-CONSULTING	IO	2200	2200-2430				Oct-Dec - Cost Estimating for Line 45-120
13	81	6220002	SRV-CONSULTING	ΙO	2200	2200-2430				Oct-Dec - Cost Estimating for SGV Valves
14	81	6220002	SRV-CONSULTING	IO	2200	2200-2430				Oct-Dec - Cost Estimating for El Segundo Bundl
15	81	6220002	SRV-CONSULTING	ΙO	2200	2200-2430				Oct-Dec - Cost Estimating for Newhall Station
16	81	6220002	SRV-CONSULTING	IO	2200	2200-2430				Oct-Dec - Cost Estimating for Line 49-11
17	81	6220002	SRV-CONSULTING	ΙO	2200	2200-2430				Oct-Dec - Cost Estimating for Line 36-9-09 N S
18	81	6220002	SRV-CONSULTING	IO	2200	2200-2430				Oct-Dec - Cost Estimating for Orange Bundle
19	81	6220002	SRV-CONSULTING	IO	2200	2200-2430				Oct-Dec - Cost Estimating for Line 2003



By at 10:02 am, Feb 18, 2015

0(S)	
W9Y14078	
	Sempra I/O
Line 36-1002 Sempra PSEP	Project Name
W9Y140A8	
	Sempra I/O
Playa Del Rey	Project Name
W9Y14086	
	Sempra I/O
Alhambra Station	Project Name
W9Y14095	
	Sempra W
Orange Bundle	Project Name
W9Y14007	
	Sempra I/O
Line 45-120 Sempra PSEP	Project Name

	Period: WE 1/11/15 WE 1/18/15
	Progress Billing #8
stimating Serv	Reference PSE
	Attn: Accounts Pa
	SCG Accounts Payable:
ompany	Southern California Gas Company
	3

% of Work Previously Performed & Billed Value of Work Previously Performed & Billed	Total Contract Amount	Amendment Amount	Original Contract Amount:	SCG Representative:	SCG Agreement	Invoice# 5846

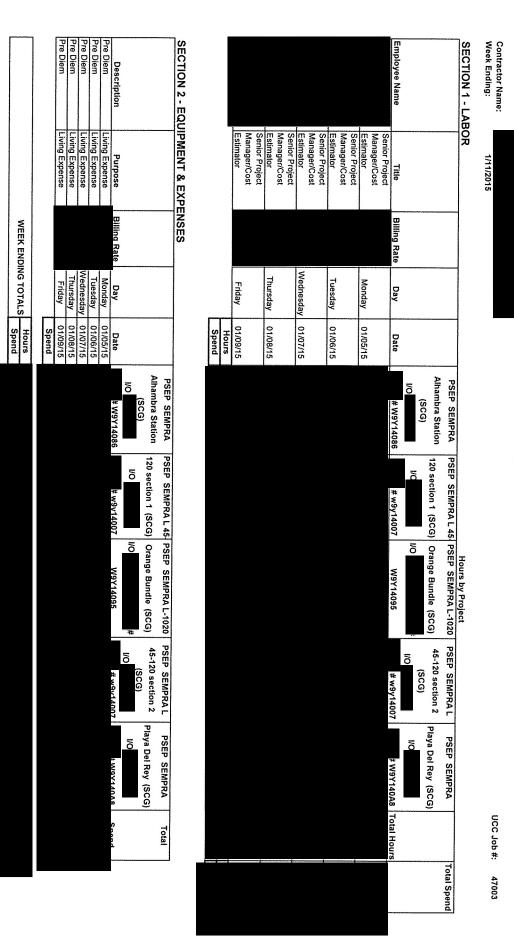
S. MODIONON, ST. VAN

Value of Work Performed Per Current Billing

% of Work Performed per Current Billing

% of Work Performed to Date Value of Work Performed to Date

Attachment D Weekly Timesheet



EXPENSE PRE-AUTHORIZATION FORM

Pipeline Safety Enhancement Plan (PSEP)

EMPLOYEE NAME:		
Contractor Name:		
Contract Number:	Agreement No.	

Week Ending Date: 1/11/2015 Project Number:

Project Name:

Contractor is responsible for obtaining approval for any and all expenses in advance by use of this Expense Pre-Authorization Form. Compensation for expenses shall be limited to those expenses which are a) approved in advanced as evidenced by obtaining the required signatures below, b) in accordance with the provisions of the Contract, c) are in accordance with Contractor's latest approved Contractor Roster, and d) are in accordance with the Company Travel Policy. No obligation for payment shall exist if Contractor fails to meet these requirements.

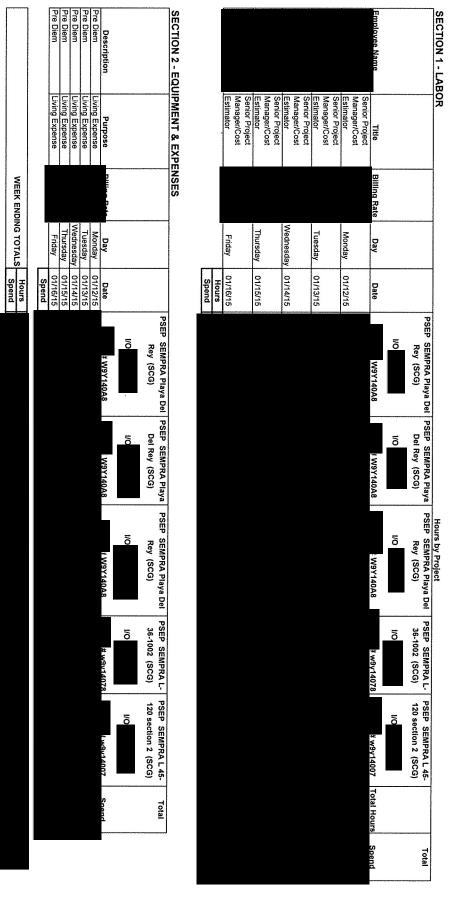
	Expense Description	Detailed Description	Purpose	Unit Rate	Units	UOM	Amount (\$)
1	Auto Mileage					Miles	
	Air Travel						
						Nights	
	Meals*					LOT	
	Ground Transportation						
	Car Rental						
	Parking**			\$0.00	0.00	Day	
	Other Business Expenses						
a							
ь							
c							
d							
e	01. 0.1. 11.6						
	Other Reimbursable Expenses						
a							
b							
c d							
e	* Moximum of \$50 per day, per person			<u></u>	1		
		rted on the Contractor Roster, is the Gas Company Tower,	and the state of the same and and an additional and a same and a s	*			
	Employees muse rinnary seem cocausing corn	ted on the controctor noster, is the Gus company summ,	, are not eligible for reimbursement of parking.				
		Effective Date	Inclusive of:	Unit Rate	Units	иом	Amount (\$)
		12/5/14 - 1/11/15				Days	F.111.94.11.14.
			Estimated Total Ex	xpenses for W	leek Ending:	1/11/2015	
ADDI	TIONAL COMMENTS / JUSTIFICATION						
ADDI	TIONAL COMMENTS / JUSTIFICATION						
ADDI	TIONAL COMMENTS / JUSTIFICATION						
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ADDI	TIONAL COMMENTS / JUSTIFICATION						
		RUE, CORRECT AND IN ACCORDANCE WITH T	HE PROVISIONS OF THE CONTRACT AND COMPANY TRAI	VEL POLICY			-
ICER		RUE, CORRECT AND IN ACCORDANCE WITH T	THE PROVISIONS OF THE CONTRACT AND COMPANY TRAN	VEL POLICY			
ICER	TIFY THAT THE ABOVE INFORMATION IS T	RUE, CORRECT AND IN ACCORDANCE WITH T	HE PROVISIONS OF THE CONTRACT AND COMPANY TRAV	VEL POLICY			
ICER	TIFY THAT THE ABOVE INFORMATION IS T	RUE, CORRECT AND IN ACCORDANCE WITH T	HE PROVISIONS OF THE CONTRACT AND COMPANY TRAI	VEL POLICY			
I CER'	TIFY THAT THE ABOVE INFORMATION IS T gnature by Contractor	TRUE, CORRECT AND IN ACCORDANCE WITH T	HE PROVISIONS OF THE CONTRACT AND COMPANY TRAV	VEL POLICY	1/12/2015		
I CER'	TIFY THAT THE ABOVE INFORMATION IS T	TRUE, CORRECT AND IN ACCORDANCE WITH T	HE PROVISIONS OF THE CONTRACT AND COMPANY TRAV	VEL POLICY	1/12/2015 Date		
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I CER For si Printe APP For si	rify THAT THE ABOVE INFORMATION IS Tognature by Contractor ed Name ROVAL gnature by a Company Authorized Representative by a Company Authorized Representative by the Company Authorized Representativ	sentative.		-	Date - - - Date		
I CER For si Printe APP For si	rify THAT THE ABOVE INFORMATION IS Tognature by Contractor ed Name ROVAL gnature by a Company Authorized Representative by a Company Authorized Representative by the Company Authorized Representativ	sentative. Se approvals. All invoices which include reimbu	THE PROVISIONS OF THE CONTRACT AND COMPANY TRAV	-	Date - - - Date		riginal bills, itemized

Attachment D Weekly Timesheet

Week Ending: Contractor Name: 9107/81/L

UCC Job #:

47003



EXPENSE PRE-AUTHORIZATION FORM

Pipeline Safety Enhancement Plan (PSEP)

EMPLOYEE NAME:
Contractor Name:
Contract Number: Agreement No.

Detailed Description

Week Ending Date: 1/18/2015 Project Number: Project Name:

Unit Rate

Units

UOM

Miles

Amount (\$)

Contractor is responsible for obtaining approval for any and all expenses in advance by use of this Expense Pre-Authorization Form. Compensation for expanses shall be limited to those expenses which are a) approved in advanced as evidenced by obtaining the required signatures below, b) in accordance with the provisions of the Contract, c) are in accordance with Contractor's latest approved Contractor Roster, and d) are in accordance with the Company Travel Policy. No obligation for payment shall exist if Contractor fails to meet these requirements.

Purpose

3	Accommodations (Lodging)		· 	1			I
4	Meals*					Nights	
	Ground Transportation			1	<u> </u>	LOT	
	Car Rental			ļ			
	Parking**	-		ļ			
	Other Business Expenses	 		\$0.00	0.00	Day	\$0.00
H	Court Business Expenses	·					
1							
c							
d		<u> </u>					
e							
-	Other Reimbursable Expenses						
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ь							
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	* Maximum of \$50 per day, per person	L	<u> </u>	l		<u> </u>	
		oted on the Contractor Raster, is the Gas Company Tower,					
	, , , , , , , , , , , , , , , , , , , ,	otes on the controller heater, a trie day company rower,	, we not engine for remainsement of purping.				
		Effective Date	Inclusive of:	Unit Rate	Units	UOM	Amount (\$)
	Per Dlem	1/11/14 - 1/18/15		VIII 140	OTHE	O.O.	Attende LD
AUUI	TIONAL COMMENTS / JUSTIFICATION					···	

						·	

I CERT	riFY THAT THE ABOVE INFORMATION IS a		HE PROVISIONS OF THE CONTRACT AND COMPANY TRAI	VEL POLICY			
ror sų	TIFY THAT THE ABOVE INFORMATION IS TO A CONTRACTOR OF THE CONTRACT		HE PROVISIONS OF THE CONTRACT AND COMPANY TRAI	VEL POLICY	1/18/2015 Date		
ror sių Printe	gnature by Contractor		HE PROVISIONS OF THE CONTRACT AND COMPANY TRAI	VEL POLICY	1/18/2015		
Printe	d Name	TRUE, CORRECT AND IN ACCORDANCE WITH T	HE PROVISIONS OF THE CONTRACT AND COMPANY TRAI	VEL POLICY	1/18/2015		
Printe	d Name	TRUE, CORRECT AND IN ACCORDANCE WITH T	HE PROVISIONS OF THE CONTRACT AND COMPANY TRAI		1/18/2015 Date		
Printe APPI	d Name	TRUE, CORRECT AND IN ACCORDANCE WITH T	HE PROVISIONS OF THE CONTRACT AND COMPANY TRAI		1/18/2015	L015"	

Expense Description
1 Auto Mileage
2 Air Travel

Invoice Check List

Vendor has provided an Invoice that includes the following:

- Includes Vendor/Contractors address
- Date of the invoice
- Invoice number (e.g. Invoice 2414)
- Dates of service of the invoice
- Project number
- Project specialist clearly identified
- Funding amounts allocated has not been overspent.

Vendor/Contractor has provided an Invoice Summary which summarizes all work completed per task during the dates of service of the invoice.

- Work invoiced is consistent with the Scope of Work
- ✓ Hours billed match weekly timesheets and approved Rates

Vendor / Contractor provided Documentation of allowable reimbursable expenses (itemized receipts, timesheets, consultant invoices, etc.)

Documentation falls within the dates of invoice (which also needs to fall within the start date of work service.

- N/A O Pre-authorization forms provided for all lodging and air travel expenses
 - Adequately shows that costs have been expended by the vender/contractor. (All staff, recipient work, consultant work, and expenditures must be paid for prior to requesting reimbursement
 - Review invoice and deliverable(s) to verify what was paid or been obtained.
- N/A O Pre-authorization for any overtime being billed (pre-authorization form)
 - The "Bill To" section on the invoice reflects the proper billing company (SCG or SDG&E)

Reviewer:	Invoice number: 5846	
PS:	Vendor:	

Mail content report generated by COLLECTOR

From:

Sent: Wednesday, February 18, 2015 6:31 P

M

To: AP_Invoices_SCG

Subject: Inv. #5846

Attachments: COL 3IJ35001.pdf

Attached you will find the following reviewed invoice.

Please advise if any additional information is needed.

SoCalGas PSEP 555 W 5th St, 23-098 Los Angeles, CA 90001

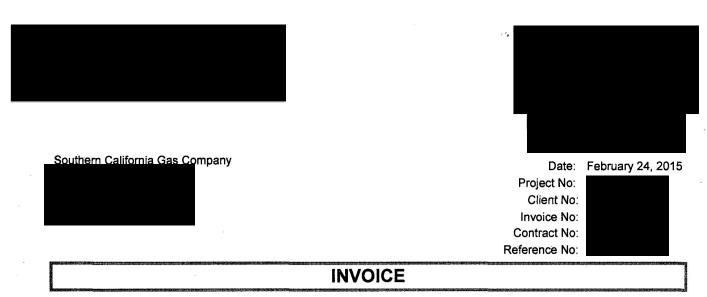
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This email originated outside of Sempra Energy. Be cautious of attachments, web links, or requests for information.

Doc.Type : RS	(Readsoft - LIV) Normal	documen	t		
Doc. Number	5100905024	Company	Code	2200	Fiscal Year	2015
Doc. Date	01/30/2015	Posting	Date	02/26/2015	Period	02
Calculate Tax						
Ref.Doc.	5846					
Doc. Currency	USD					

	ext	Amount	Act	Order	Cost Ctr	CoCd	Tx	Account short text	Account	PK	Itm
						2200	ΙO		114205		
-120	Jan Inv - Cost Estmtng for Line 45-120				2200-2430	2200	IO	SRV-CONSULTING	6220002	81	2
Bundle	Jan Inv - Cost Estmtng for Orange Bundle				2200-2430	2200	ΙO	SRV-CONSULTING	6220002	81	3
Station	Jan Inv - Cost Estmtng for Alhambra Stat:				2200-2430	2200	IO	SRV-CONSULTING	6220002	81	4
el Rey	Jan Inv - Cost Estmtng for Playa del Rey				2200-2430	2200	ΙO	SRV-CONSULTING	6220002	81	5
-1002	Jan Inv - Cost Estmtng for Line 36-1002				2200-2430	2200	IO	SRV-CONSULTING	6220002	81	6
-	Jan Inv - Cost Estmtng for Line 36-				2200-2430	2200	IO	SRV-CONSULTING	6220002	81	6



Professional Services November 22, 2014 through December 19, 2014

SL 45-120

Task Description	Authorized Amount	Current Billing	Billing to Date	Amount Remaining
01.D3.02-HLR SL 45-120				
01.D3.10-Proj Mgmt SL 45-120				
01.D3.15-Training SL 45-120				
01.D3.20-DER SL 45-120				
01.D3.30-Permitting SL 45-120				
01.D3.70-Monitoring SL 45-120				
01.D3.90-Closeout SL 45-120				
Total				
Non-				
Total Due This Invoice				

High Level and Detailed Review budgets are based on environmental programmatic averages. Due to the nature of individual projects, individual reviews may exceed these budgets.

Southern California Gas Company

Project No.:

464592

Invoice No.:

381020313-D3

Billing Period: November 22, 2014 - December 19, 2014

01.D3.10-Project Management SL 45-120

LABOR

Employee Name	Classification	Bill Rate	Hours	Amount
	Contract Support		•	10.00
	Mid Level Planner			
	PM Support			
	Admin Assistant			
	Accounting			
	Admin Assistant			
	Junior Level Planner			
	Admin Assistant			
	Deputy Program Manager			
	Admin Assistant			
	Total Labor			

Subcontractor Costs

Total Subcontractor Costs

TOTAL AMOUNT DUE



Costs for the following are not included this period:

Overtime Labor Double-Time Labor Expenses

Southern California Gas Company

CH2MHILL.

Project No.:

464592

Invoice No.: 381020313-D3

Billing Period: November 22, 2014 - December 19, 2014

01.D3.30-Permitting SL 45-120

LABOR					
Employee Name	Classification	Bi	ill Rate	Hours	Amount
	Technical Editor				
	Mid Level Planner				
	GIS/Doc Management				
	Technical Editor				
	Senior Planner				
	Total Labor	•			

OVERTIME LABOR ADJUSTMENT

Employee Name	Classification Mid Level Planner		Bill Rate	Hours	Amount
		Total Labor	······································		
		TOTAL AMOUNT D	UE		

Costs for the following are not included this period:

Overtime Labor Double-Time Labor Subconsultant Costs Expenses

Southern California Gas Company

Project No.:

464592

Invoice No.:

381020313-D3

Billing Period: November 22, 2014 - December 19, 2014

01.D3.70-Monitoring SL 45-120

LABOR

Employee Name

Classification

Mid Level Planner

Junior Level Planner

Total Labor

Bill Rate

Hours

Amount

OVERTIME LABOR ADJUSTMENT

Employee Name

Classification

Mid Level Planner

Bill Rate

Hours

Amount

Total Labor

Subcontractor Costs

EXPENSES

Auto Mileage-miles

Total Subcontractor Costs

Total Expense

TOTAL AMOUNT DUE

Costs for the following are not included this period:

Overtime Labor

Double-Time Labor

PSEP -	Invoice Summary	/ Re	port

SoCalGas Release Order:

Reporting Period: November 22 through December 19, 2014 PEC PM:

D3 - SL 45-120

Work Planned for Next Invoice Period:

- Invoicing, project controls, subcontractor management and coordination with

PM and staff

- Field monitoring, spot checks and SWPPP inspections.

Deliverables for this reporting period:

Daily Field Forms for Segment 2 weeks ending November 14, 21, and 30 on December 5, 2014 Detailed Environmental Review Addendum for Segment 2 on December 15, 2014

Fri Fri Notes Hours							1.			0.3 invoicing support	0.4 Monthly invoice reporting.		0.4 Monthly invoice reporting.	1.0 Monthly invoice reporting.	0.4 Invoicing support	0.4 Monthly invoice support.	0.2 Monthly invoice reporting.			0.5 Monthly invoice reporting.		0.5 Monthly invoice reporting.		0.3 Monthly invoice reporting.		3.5 S2-3: DER formatting		1.2 S2-3: DER preparation.				
Thu: ThuMotes Hours.													1.1 Subcontractor invoice review and monthly true-ups. Monthly invoice reporting.		0.2 Invoicing support.	0.5 Monthly invoice support.	0.4 Monthly invoice reporting.	0.3 Monthly invoice reporting.		0.8 Monthly invoice reporting.		1.0 Monthly invoice reporting.	٠.	0.1 Monthly invoice reporting.	0.1 Subcontractor weekly fookbacks.		2.0 S2-3: DER revision.	1.2 S2-3: DER revision.				
Wed Notes	1.5 GANDA 10 modification.	1.0 Subcontract support for			0.3 Weekly labor review.	1.0 Monthly invoice reporting	0.5 S2-3: Reviewing invoices from	0.5 Monthly invoice reporting.		0.4 Weekly labor review and invoice support.	0.3 Monthly invoice reporting.		1.3 Subcontractor weekly lookbacks and invoice review and monthly true-up. Monthly invoice reporting.			0.2 Weekly labor review.	0.2 Weekly labor review.			0.5 Monthly invoice reporting.	1.0 Invoice support.	1.0 Monthly invoice reporting.	0.: invoice approval.	0.3 Monthly invoice reporting.	0.1 Subcontractor weekly lookbacks.		2.0 S2-3: DER edit after senior review.			2.0 S2-3: GIS support for DER. Addendum figure and review of data for 45-120 S2 per P		
Tue Nötes		2.0 Subcontract support for		0.2 Invoicing support.	0.5 Weekly labor review and accruals.	0.6 Monthly invoice reporting			1.0 Monthly invoice reporting	0.7 Weekly labor review.	0.5 Weekly labor review.		0.5 Monthly invoice reporting.	1.0 Monthly invoice reporting.	0.2 Invoicing support.	0.5 Weekly labor review.	0.6 Monthly invoice reporting.		0.5 Invoicing support and labor review.	0.4 Subcontractor invoice review and monthly true-up.			0.7 invoice approvals.	Monthly invoice reporting.					2.0 S2-3: Senior review of DER Addendum for Section 2.			
Mon Notes Hours			0.2 Subcontractor invoice review.		0.5 Monthly invoice reporting.			0.6 Monthly invoice reporting.			0	0.5 Monthly invoice reporting.	0.6 Monthly invaice reporting.		0		Weekly labor review/Monthly invoice reporting.			0.8 Monthly invoice reporting.		1.0 Monthly Invoice reporting.		0.5 Monthly invoice reporting.			5,0 S2-3: DER Addendum writing.		2		0.2 S2-3: DER preparation.	0.2 S2-3: DER preparation.
Sun Sun Notes Monrs			10	0	Ö			00				ò	0.2 Monthly invoice: 0.1			00	0.3 Weekly labor 0.3 leview.			2.0 Subcontractor invoice review and monthly true-up.		=			0.2 Subcontractor invoice approval.		is a second				0	0
Sat Notes Hours Sat Notes	07	Ř	120	20	20	20	20	02	150	120	120	82	150	120	80	120		20	120	150	120	82	120	120	120	120	120	120	120	120	120	120
Project: Task Name	\neg					1.03.10 PROJ MGMT 45-120	1.D3.10 PROJ MGMT 45-120	1.D3.10 PROJ MGMT 45-120	_					-				1.D3.10 PROJ MGMT 45-120	1 1	1.D3.10 PROJ MGMT 45-120		-								1.D3.30 PERMITTING 45-120	1.D3.30 PERMITTING 45-120	1.D3.30 PERMITTING 45-120
Last Name: First Name Thru Date Project:	44000044 464502 04 03 40	11/28/2014 484592.0		11/28/2014 464592,01,D3.10		11/28/2014 464592.01.03.10	11/28/2014 464592.01.03.10	11/28/2014 464592.01.03.10	11/28/2014 484592.01.D3.10			12/05/2014 484592.01.D3.10	1205/2014 464592.01.D3.10			12/12/2014 464592.01.D3.10	12/12/2014 484592.01.D3.10	12/12/2014 464592.01.D3.10	12/12/2014 464592.01.03.10	12/12/2014 484592.01,D3.10	T- 1	12/12/2014 464592.01.D3.10	12/19/2014 464592.01.D3.10	12/19/2014 464592.01.D3.10	12/19/2014 464592.01.D3.10	12/05/2014 464592.01.D3.30				12/12/2014 464592.01.D3.30	12/12/2014 464592.01.D3.30	12/19/2014 464592.01.D3.30

Fil Notes		3.0 S2-3: Weekly bundles reviewed and submitted.	0.5 S2-3: Compile and review daily field forms for weekly deliverables.	1.0 S2-3: SWPPP requirements review and preparation for yard use by neighboring project.	1 2 3			
Fri		3.0 S2-3.	0.5 S2-3: field f delive	1.0 S2-3: S review a yard us- project.				
Thu Notes					1.0 S2-3: Compile and review daily field forms for weekly deliverables.		1.0 S2-3: Weekly field form review and submission.	0.5 S2-3: Compile and review daily field forms for weekly deliverables.
Hours			- : <u>-</u>	. 5 5 5			-	
Wed Notes:			0.5 S2-3: Compde and review daily field forms for weekly defiverables.	1.0 S2-3: Discussions wf monitor. PM re laydown yard inspection and condition prior to rain event and use for neighboring project.				0.5 S2-3: Prepare weekly monitor schedule for week of 12/22, 29.
Wed			0.5	5				0.5
Tuë Nôtès	0.5 S2-3: Compde and review daily field forms for weekly detiverables.	2.0 S2-3 re basic status upcare, ram event preparation, and daily report review.						200
Tue	90	24				_		
Mon Notes: 2.0 \$2.3: Calls to the monitor region truck wash water storage, and field conditions.					1.0 S2-3: Review of 45-120 S2 sampling conducted 9/17, and inclusion in sample tracker.	1.0 S2-3: Discussions very PM and pour preparing the laydown yard for use on neighboring project.		
Hours 2.0					+	-		
Sün Nötes								i
Hours								
Sat Notes								
Sat								
Task Name MONITORING 45-120	11/28/2014 464592.01:D3.70 MONITORING 45-120	12/05/2014 464592.01.D3.70 MONITORING 45-120	12/05/2014 464592.01.D3.70 MONITORING 45-120	12/12/2014 464592.01.D3.70 . MDNITORING 45-120	MONITORING 45-120	MONITORING 45-120	MONITORING 45-120	MONITORING 45-120
Thru bate Project 11/28/2014, 464592.01;D3.70	464592.01:D3.70	464592.01.D3.70	464592,01.D3.70	464592.01.D3.70	12/12/2014 464582.01.03.70	12/19/2014 464592.01.53.70	12/19/2014 464592,01,D3.70	12/19/2014 464592.01.D3.70
Thru Date I/28/2014	1/28/2014	2/05/2014	2/05/2014	2/12/2014	2/12/2014	2/19/2014	2/19/2014	2/19/2014
Last Name: First Name, Thru Date 1128/2014.	-	-	-					

Project No.: 464592 Invoice Date: 2/24/2015



Detailed Report of Expenses

SL 45-120

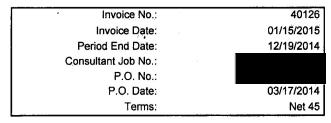
Task	Expenditure Type	Employee Name / Vendor	Exp. Date Quantity	Bill Rate Bill Amount No.
01.D3.10			12/19/14	
01.D3.10			12/31/14	
01.D3.70			12/19/14	
01.D3.70	Auto Mileage-miles		11/03/14	
			SL 4	15-120 Total

				Supporting	Documen	tation	-		SL	45-120		
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				was previously submi	tteu ioi appiovai	•						
		ER383332		nclude all displayed in	nformation. Use	vour browse	er Back button to	exit the pri	ntable page	a view		
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		Name	our annual march		Report Si	ubmit Date	Not Required 29-DEC-2014					ALLES TO THE SECTION OF THE SECTION
			03-NOV-2 04-DEC-2			tachments eport Total ent Amount						
		Cost Center	10283 Mileage									
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Projec	t Alloc	ations			***************************************							·····
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		1			***************************************		Reimbursable	<u> </u>			· · · · · · · · · · · · · · · · · · ·	T
		Payment		000000000000000000000000000000000000000		Receipt	Amount					
Focus	Line	Method	1	Expense Type				Merchant	Location	Justification	Project	Task
•••••	3	Mileage	03-Nov-2014	Auto/Car - Mileage (Personal Vehicle)	· · · · · · · · · · · · · · · · · · ·		***************************************		`	01.D3.70
												,

INVOICE SUMMARY



Bill To:



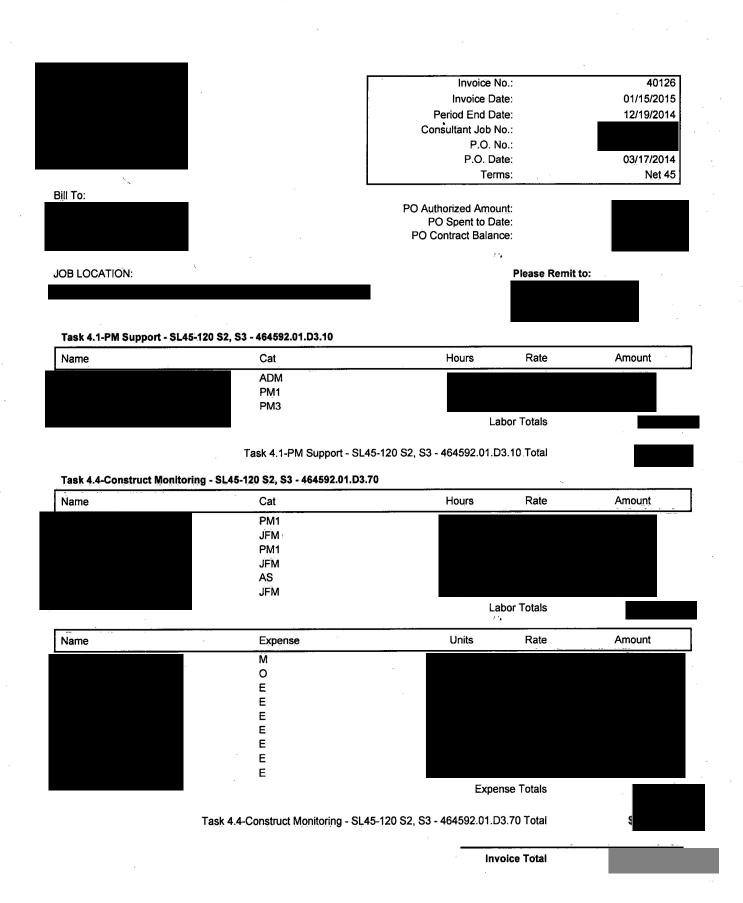
PO Authorized Amount: PO Spent to Date: PO Contract Balance:



JOB LOCATION:

Please Remit to:

Amount	Current Billing	Previous Billed	Amount Remaining
_			
-			
	Amount	Amount Billing	Amount Billing Billied





Invoice No.: 40126 Invoice Date: 1/15/2015 12/19/2014 Period End Date: Consultant Job No.: P.O. No.: P.O. Date: 3/17/2014 Terms: Net 45

Name	Expense	Date	Units	Rate	Amoun
		11/3/2014			
		11/4/2014			
		11/5/2014			
		11/6/2014			
		11/7/2014			
		11/8/2014			
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		11/12/2014			
		11/13/2014			
		11/14/1 <u>14</u>			
	Mileage	12/4/2014			
	Fuel	11/3/2014			
	Fuel	11/9/2014			
	Per diem	12/10/2014			
	Per diem	11/24/2014			
	Per diem	11/25/2014			
	Vehicle	12/1/2014			
	Vehicle	12/16/2014			
	Vehicle	12/17/2014			
	Vehicle	12/12/2014			
	Vehicle	11/22/2014			
	Vehicle	11/24/2014			
	Vehicle	11/25/2014			
	Vehicle	11/26/2014			
	Vehicle	12/2/2014			
	Vehicle	12/3/2014			
	Vehicle	12/5/2014			

Expense Total



Labor Hour Summary Invoice No.: 40126 Invoice Date: 1/2/9/2014 Job Number Po. No.:

Fri				S2: Revise invoice						The state of the s			
Thurs Notes			S2: Revise invoice		Security of the second	S2: Revise invoice						,	
Wed									S2: Revise invoice	**************************************	S2: Review reports	S2: Planning and scheduling	52: monitoring of excayation and welding
Tues Notes		S2: Revise invoice	3.000		S2: Revise invoice	S2: Revise invoice	S2: Planning and	Scheduling for 2015			/•	S2: Planning and scheduling	52 monitoring of excavation and welding
Mon Notes				S2: Revise invoice						ANTO- CONTRACTOR OF THE PROPERTY OF THE PROPER	***************************************		52 monitoring of excavation and welding
Sun Notes													
Sat Notes												200 A A A A A A A A A A A A A A A A A A	S2: monitoring of excavation and welding
Hours				0.50									
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48000000	magement Supp	28-Nov-14	5-Dec-14	5-Dec-14	12-Dec-14	19-Dec-14		19-Dec-14	19-Dec-14	ion Environment	28-Nov-17	 28-Nov-14	28-Nov-14
employee	ask 4.1: Project Management Support, SL45-120, Sections 2 and 3									Task 4.4: Construction Environmental Support, SL45-120, Sections 2 and 3			



Invoice No.:	40126
Invoice Date:	1/15/2015
Period End Date:	12/19/2014
Job Number	
P.O. No.:	454592-1001-6
P.O. Date:	\$100/11/2

Labor Hour Summary

	······································	1	*	T	Y
Fri			S2: Planning and scheduling	S2 monitoring of paving	
Miles	S2 monitoring of paving		S2 support, review reports		S2 SWPPP during-rain inspection
Wed				S2 spot check	S2 weekiy monitoring and SWPPP pre-rain inspection
Tues	окол болен на оперия повед об от			52 pot check due to rain	
Won Notes		S2: monitoring of paving			
Sun Notes				216	·
Set				**************************************	
Hours		***************************************	1.00	12.50	
Paris Table	14.00		0.50		9.25
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Thru Date	5-Dec-14	5-Dec-14	5-Dec-14	5-Dec-14	12-Dec-14
Employee					



Labor Hour Summary

Fig. Fit		S2: spot check and SWPPP during.			
Thurs				***************************************	S2 support, review reports
Wed	S2::Planning and scheduling		S2: support, review reports	<i>11</i> •	.52::Planning and scheduling
Tues				52: SWPPP dumg-rain inspection	
Mon	S2: support, review reports			S weekly monitoring and SWPPP pre-rain inspection	
Sun-				·	
Sat					
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iru Date	12-Dec-14	12-Dec-14	12-Dec-14	19-Dec-14	19-Dec-14
= 1	12	12	12		139
ployee					
5					



Labor Hour Summary

Invoice No.:	40126
Invoice Date:	1/15/2015
Period End Date:	12/19/2014
Job Number	
P.O. No.:	9-1001-26595
P.O. Date:	3/17/2014

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Thurs	
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	S2: Post-rain SWPPF inspection
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Titles	S2.:During-rain WPPP inspection
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	19-Dec-14 01.D3.70 1.00 3.00
Employee	***************************************
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		2014	arges Amount in USD		The second secon				Page 17 of 22
The state of the s	Herital Summary	Consolidated Inv. #: 4336051 Consolidated Inv. Date: 31-Dec-2014	Total Charges			dsn		for a total or	ũ
The state of the s		Consolid	Charges			Total العد, كسات العربية عامل Fee	Grand Total in USD	in usp charged by the daily rate c for a total of 11/7/14, 11/8/14, 11/11/14, 11/12/14, 11/13/14, 11/14/14.	
Article control of the control of th	ENTERPRISEHOLDINGS. Alamo	The second secon	Pickup Date Pickup Location Return Date Return Location Car Class			COSTA MESA, CA 12/09/2014 18:04 COSTA MESA, CA SPAR 10/09/2014 10:58 HUNTINGTON BEACH, CA 12/02/2014 16:54 HUNTINGTON BEACH, CA SFAR			
The state of the s	ENTERE E	. Company	Ext Bill Ref #2 Ext Bill Ref #3 Ext Bill Ref #4 Ext Bill Ref #4	Contract ID / Account Number 23C4197 ETIC ENGINEERING	SENGINEERING	Billing Number		CH-SCPSEP-06 Task 4.4 vehicle rental for Vehicles used on 11/3/14, 11/4/14, 11/5/14, 11/6/14,	
		Fed Tax Id: 430724835	Renter Name CARD/OTTO	Contract ID / Account Number	Billing Number 16463288 ETIC ENGINEERING	23C4197 Bill		CH-SCPSEP-06 Task 4.4 vehicle rental for Vehicles used on 11/3/14, 11/4/14, 11/5/14,	

BK-D-456

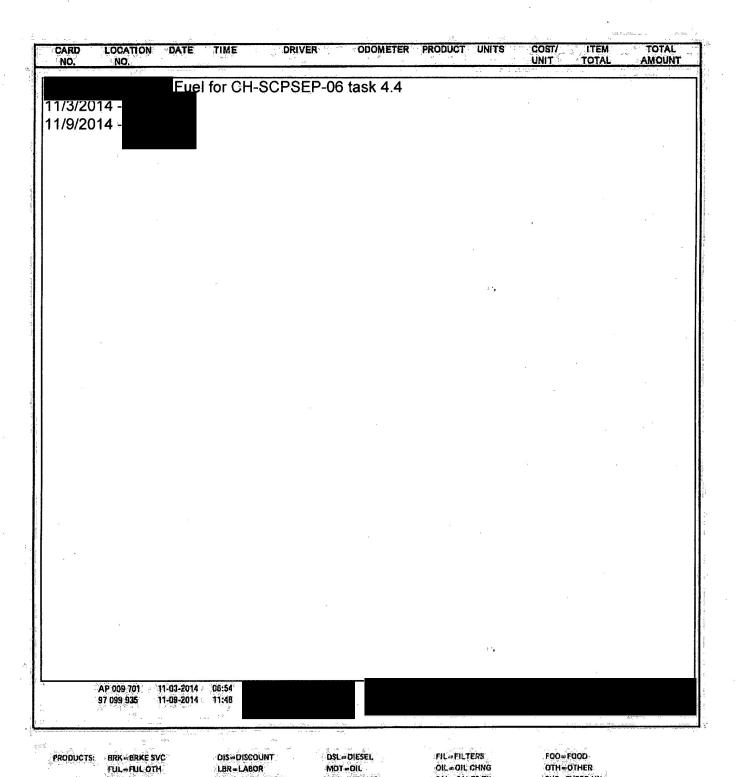


STANDARD REPORT

INVOICE NUMBER: ACCOUNT NAME:



PAGE 16 OF 28



SUP-SUPER UN

TRN=TRNS SVC

SAL=SALES TX

TRL=TIRE SVC

REP=REPAIRS

TIR-TIRES

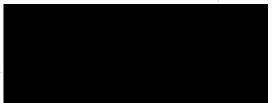
LBR-LABOR

PRT=PARTS

SVC -SERVICE

R&T=ROAD&TOW

SWT=SWT RATE



FINAL INVOICE PSEP Supply Line 45-120 PO#464592-1002-8 Invoice #17076



Accounts Payable

January 14, 2015

Project: No:

1398-8

Invoice No:

17076

Project Manager:

Project:

1398-8

PSEP Hydro Test Monitoring Supply Line SL45-120. PO#464592-1002-8.

M0001 (Rev#6), M0002 (Rev#7). MSA 464592-1002. POC

Tax ID No

Professional Services for the Period: December 01, 2014 to December 31, 2014

Phase:

01

hall provide general environmental planning and field monitoring support

for Supply Line SL45-120.

Task:

Project Management and Health & Safety Support for SL45-120. Project No.

464592.01.D3.10.

Professional Personnel

Senior SWPPP/Env/Bio Field Monitor

Administrative/Clerical Support



Total Labor

BILLING LIMITS

Total Billings

Contract Maximum

Remaining

Hours Rate Amount To-Date

Current **Prior**



Task Totals:

Task:

2

Stormwater and Environmental Monitor Training for SL45-120. Project No.

464592.01.D3.15.

BILLING LIMITS

Total Billings

Contract Maximum

3

Remaining

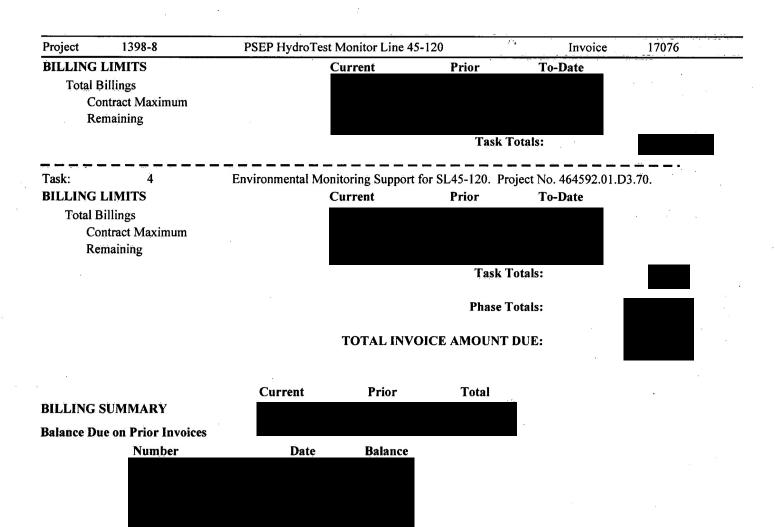
Prior To-Date Current

Task Totals:

Task:

Environmental Clearance / Permitting & Pre-construction Planning Support for SL45

-120. Project No. 464592.01.D3.30.

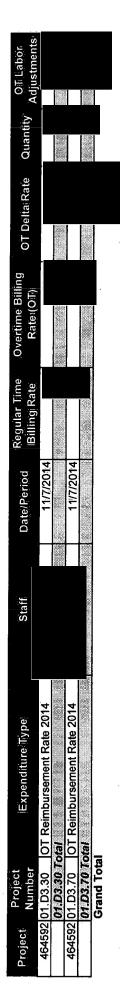


All invoices are due upon receipt. A late charge of 1.5% will be added to any unpaid balance after 30 days.

				i i
Friday Notes	l			monthly invoice culmittal
Thursday Notes			. Inv draft revisions & nov. drafts	
Wednesday Notes			inv submittal; oct. inv oct.	
YES \$2000 MILES 1			sept. inv sub	
Tuesday Notes	Office: Project Management updating budget tracker		sept. oct. inv draft sept. inv submittal; oct. inv draft revisions & revisions nov. draft revisions nov. draft.	
Monday Notes		liv: draft	Mod review/update	oct. inv draft revisions & nov. drafts
Sunday Notes	20 m			oct. Inv draft revisions & oct. Inv draft revisions & nov. drafts
Saturday Notes				
Friday Hours				0.25
Versiery Wednessa Thursday Friday Hours y Hours Hours Hours			0.25	
y Wednesda y Hours	٠.		0.25	
	0.25		0.25	
2 -		0.25	050	5 0.25
Saturday Sunday Hours Hours				2.0
Week End	12/12/2014	12/5/2014	12/5/2014	12/12/2014
Bill Rate				
Labor Category Bill Rate	G-Senior SWPPP/Env/Bio 01.D3.10 Field Moxitor	G- Administrative/ 01.03.10 Clerkai Support	G- 01. D3.10 Administrative/	G- Administrative/ 464592 01.03.10 Oerical Support
				2 01.03.1
Project Number	464592	e 464592	464592	46459.
3rd Party Employee				
			\dashv	

Date: 1/14/2015
Invoice #: 17076
PSEP Line: 65-120
Project #: 64532-1002-8
Invoice Period: 12/1/14-12/31/14

OVERTIME LABOR ADJUSTMENTS

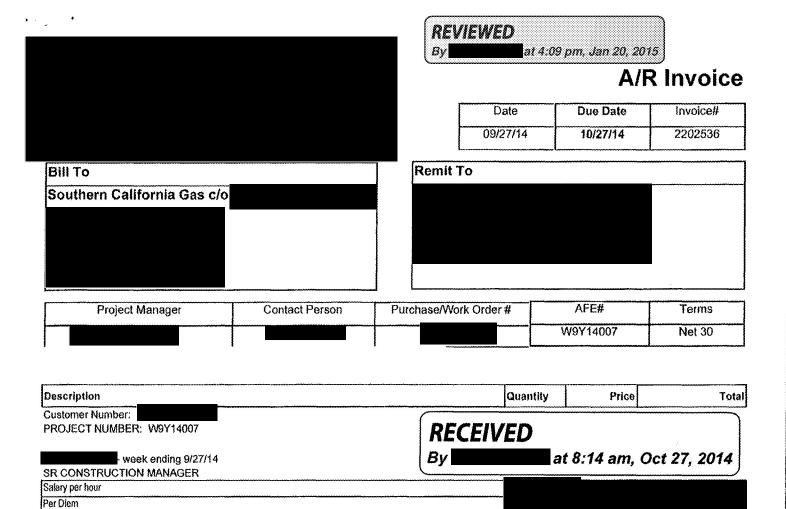


Doc.Type : RS	(Readsoft - LIV) Normal	documen	t		
Doc. Number	5100907779	Company	Code	2200	Fiscal Year	2015
Doc. Date	02/24/2015	Posting	Date	03/09/2015	Period	03
Calculate Tax						
Ref.Doc.	381020313-D3					
Doc. Currency	USD					

It	m P	PK.	Account	Account short text	Тx	CoCd	Cost Ctr	Order	Act	Amount	Text
		- 1	108922 6221110			2200 2200	2200-2440				SL45-120 PM, Monitoring
	8	31	6220600		0	2200	2200-2440				SL45-120 PM, Monitoring subcontractors

Invoice Check List

V	endor has provided an Invoice that includes the following:
	Includes Vendor/Contractors address
	Ø/ Date of the invoice Ø/ Invoice number (e.g. Invoice 2414)
9	Dates of service of the invoice
Œ	Project number or PO number clearly identified
0	Project manager clearly identified Funding amounts allocated has not been overspent.
٠	r unding amounts anocated has not been overspent.
	endor/Contractor has provided an Invoice Summary which summarizes all work completed per ask during the dates of service of the invoice.
(Work invoiced is consistent with the Scope of Work/PO
(Hours billed match weekly timesheets
	Vendor / Contractor have provided Documentation of allowable reimbursable expenses itemized receipts, timesheets, consultant invoices, etc.)
0	Documentation falls within the dates of invoice (which also needs to fall within the start date f work service.
NAC	Pre-authorization forms provided for all lodging and air travel expenses
re	Adequately shows that costs have been expended by the vender/contractor. (All staff, ecipient work, consultant work, and expenditures must be paid for prior to requesting eimbursement
ď	Review invoice and deliverable(s) to verify what was paid or been obtained.
NIAC	Pre-authorization for any overtime being billed
R	eviewer:
Р	M: Vendor:





Subtotal

Subtotal Tax Total

	· 07	Approval	
Date	Invoice	Overtime Ammount	Total Invoice Amount
9/27/2014	2202539	No OT	
9/27/2014	2202534	No OT	
9/27/2014	2202537	No OT	
9/27/2014	2202540	No OT	
9/27/2014			
9/27/2014		No OT	
9/27/2014	2202536	No OT	
9/27/2014	2202538	No OT	
10/21/2014	2202948	No OT	
9/27/2014	2202514		
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Totals:		· ·	

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Totals:									
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Approved By:			Ī		Date:	1-19	1-201	سسي	

TIME PERIOD: 9/27/2014

WEEK ENDING

EMPLOYEE ID#: 144769

EMPLOYEE NAME: CLASSIFICATION: Sonior Construction Manager

Final Time Sheet: NO
Returning Next Week: YES

CLIENT: SoCal CODE:

MUST BE IN TIR OFFICE BY 8:00 AM SUNDAY FOR PAYROLL PROCESSING

Tagair and the second	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
WOS/AFEC NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
W9Y14026 LN-406 sec - 5 WBS# 2.5								
W9Y14007 LN - 45-120 sec - 2 WBS# 2.5								
W9Y14008 LN 33-120 sec - 3 WBS# 1.3								
W9Y14009 LN 33-121 - WRS# 1.3								
W9Y14027 LN 404-sec 3/4/5 W85# 1.3								
V9Y14026 L 406 sections 2.2A.3 WBS# 1.3								
W9Y14026 L 406-SEC -1 W8S # 2.6								
W9Y14023 L 1005 WBS # 2.5								
W9Y 14015 SL 36-9-09-48 WBS # 2.5								
W9Y14018 SL 36-1032 SEC 2/3 WBS # Z.5								
ORK RELATED MILEAGE								
R DIEM (Yes or No) JUIPMENT								
UIPMENT								
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UIPMENT			_ owances shall	-				_
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Cell Phone YES Con Equipment shall be pai		ked only. All all	_ owences shall	-			N SATURDAY! ACTUAL HOURS	
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From:

@semprautilities.com>

Sent:

Monday, September 29, 2014 9:29 AM

To:

time

Subject:

Time Sheet 20140927

Follow Up Flag:

Follow up

RE:

Flag Status:

Completed

Approved again!

From:

Sent: Saturday, September 27, 2014 8:54 PM

To: time@

Cc:

Subject:

Time Sheet 20140927

SOUTHERN CALIFORNIA GAS COMPANY WEEKLY TIMESHEET

Subcontractor Name: Tulsa Inspect

Week Ending Date: PAGE 1 of 2 of timecards WE 9/20/2014 (shows approved hourly rate, Project numbers/description & WBS#)

INSTRUCTIONS: Subcontractor shall complete the Project #, Project Name, and WBS # for each Project which they are approved to work. Subcontract shall then

IMPORTANT: Subcontractor 's submittal, and Contractor's acceptance, of this Weekly Timesheet shall not be construed or interpreted as approval of any hours or expenses identified herein and shall not in any way alleviate

SECTION I - LABOR

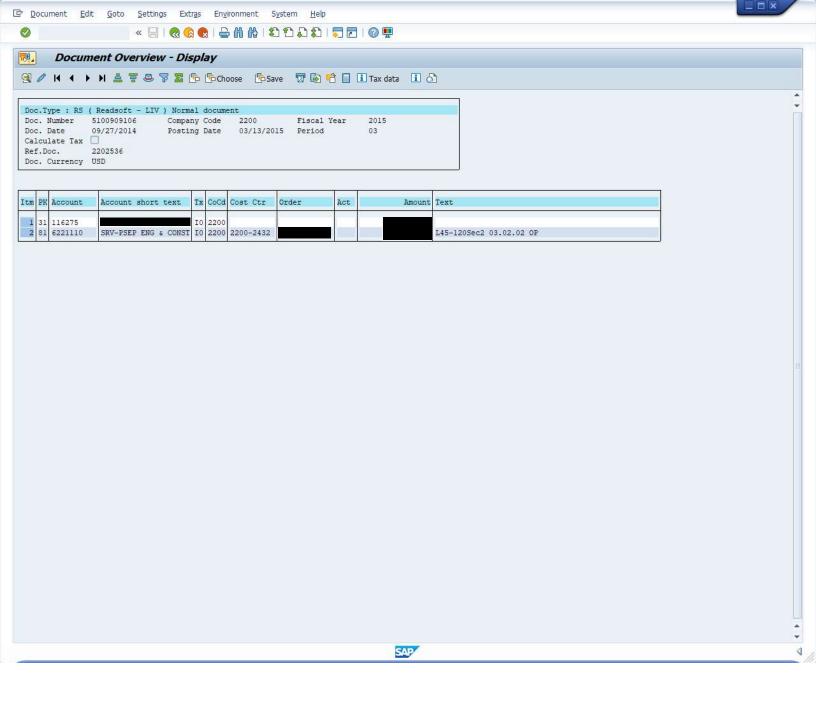
SECTION 1 - LABOR	`		 -	Jaura hu Dunia			
	1]	<u> </u>	lours by Project			
Employee Name	Title	Billing Rate	Project # W9Y14096 Valve- Palowalla Bundle SoCalGas	Project # W9914007 Line 45-120 Sec. 2 Sempra PSEP WBS# WBS#W9Y120 02-874048	Project # W9Y14030 Line SL 32-21-A Replacement Sempra PSEP WBS# WBS#W9Y1200 2-874048	Total Hours	Total Spend
	Welding Inspector - Certified - ST			Ī			
	Welding Inspector - Certified - OT						
•	Welding Inspector - Certified - DT						
	SR Construction Manager						
i	Welding Inspector - Certified - ST						
	Welding Inspector - Certified - OT						
1	Weiding Inspector - Certified - DT						
1	Welding Inspector - Certified - ST						
Ī	Welding Inspector - Certified - OT						
	Welding Inspector - Certified - DT						
	Utility Inspector / ST						
	Utility Inspector / OT					I	
	Utility Inspector - DT						
	Utility Inspector / ST					!	
	Utility Inspector / OT						
	Utility Inspector - DT						
	Senior Inspector / ST						
	Senior Inspector / OT						
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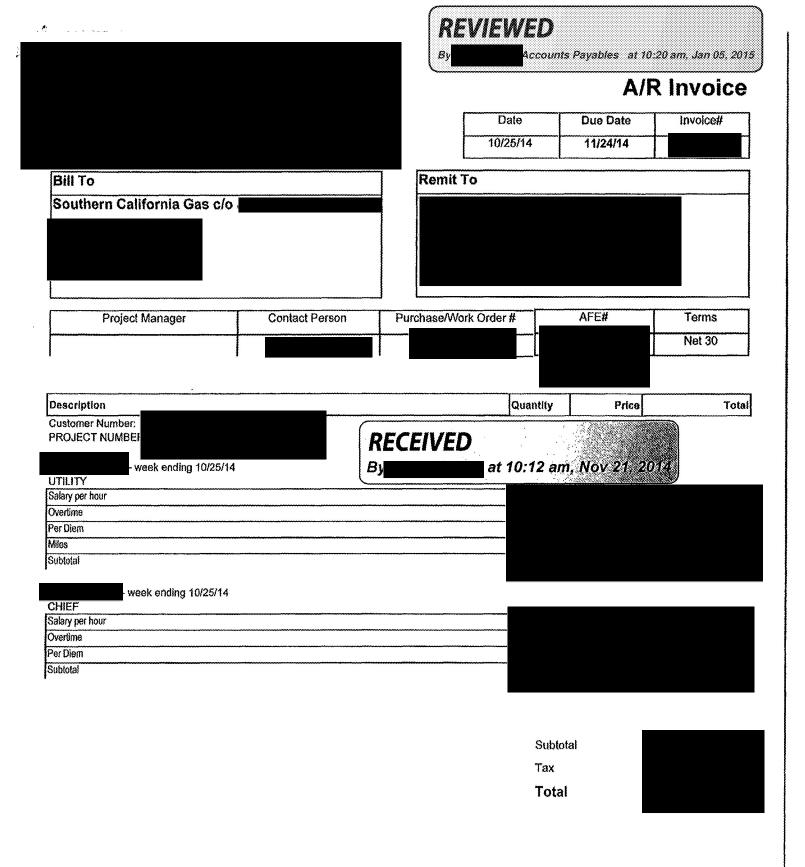
SECTION II - EQUIPMENT AND EXPENSES

				Hours by Proje	t	
Description	Purpose	Billing Rate	Project # W9Y14096 Valve- Palowalla Bundle SoCalGas	Project # W9Y14007 Line 45-120 Sec. 2 Sempra PSEP WBS# WBS#W9Y120 02-874048	Project # W9Y14030 Line SL 32-21-A Replacement Sempra PSEP WBS# WBS#W9Y1200 2-874048	Total Spend
	Purpose	Dinning Nate	<u> </u>	02-074040	2*074040	
Per Diem						\$
Miles						\$
Expenses	·					\$ -
						\$ -

WEEK ENDING TOTALS:	Hours				
WEEK ENDING TOTALS:	Spend	\$			
	Invoice #	2202525	2202536	2202509	

Mail content report generated by COLLECTOR From: </O=ENOVA/OU= (FYDIBOHF23SPD LT)/CN=RECIPIENTS/CN= Wednesday, January 21, 2015 10:12 A Sent: M AP_Invoices_SCG To: 2202536 Subject: Attachments: COL_2LB27002.pdf Attached you will find the following reviewed invoice. 2202536 Please advise if any additional information is needed. Thank you, SoCalGas PSEP 555 W 5th St, 23-098 Los Angeles, CA 90001 .com<mailto: com> (213)-244-2727





OVERTIME REQUEST FORM - Southern California Gas Company

Subcontractor Name Subcontract Number

Project No 1

NOTES 1. Work should be planned, schooled, and saxgned to avoid overtine. For this Project, overtine is defined as any hours worked in excess of forty (40) hours per week

2. When overtine is necessary and authorized in advance via this Overtine Request Form. Subcontractor is eligible for compensation for non-except time Overtine Parts

3. Subcontractor shall be compensated at the Billing Rate stabledned in the Subcontractor Roster.

3. Subcontractor shall be compensated for exempt employees at the Billing Rates established in the latest version of the Subcontractor Roster. It is expected that exempt employees may not overtine without exert compensation, however, said overtine must still be documented hereon and approved in advance.

4. Partned Overtine. Overtine required for a limited time period (one month or less). Requires pre-approved via this Overtine Request Form as follows:

1. Project Manager

1. Project Manager

ns Sempra Project Namager
5 Blanker Journal - Abbinatrouctume request for an extended period (greater than one month), for a group of people working on a project can be prepared and approved. Requires pre-approval via this Overtime Request Form as follows
11 Jacobs Project Director
12 Jacobs Project Director

Emelouse Neme	7.040		1000				Overtum	Overtune Hours					
Emproyee wante	adri .	Exemption Status Applicable Atte	Applicable rate	(W/E Date)	(W/E Date)	(W/E Date)	(W/E Date)	WE10/25/14	Date)	CARTE Dated	CAUTE Property	Total Hours	Total Spend
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REASONING / JUSTIFICATION													

Signature and Date

Signature and Date

Signature and Date

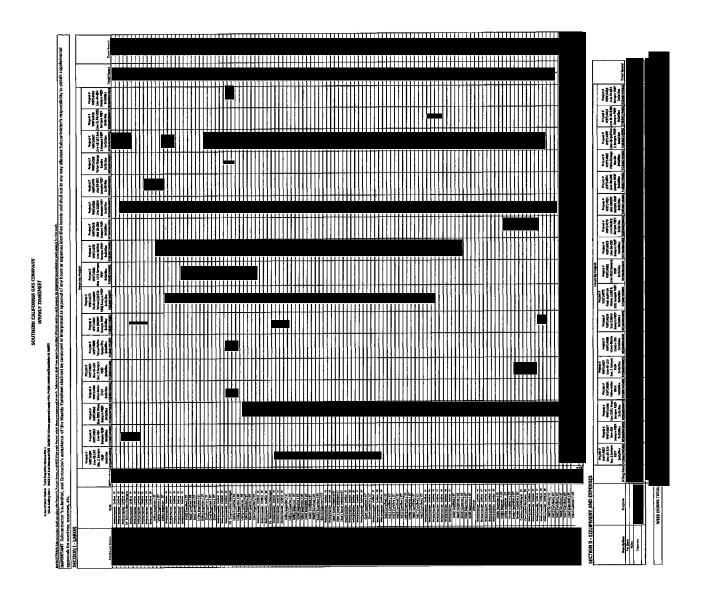
Printed Name

APPROVALS
Placed Overnme
Functional/ Decipine Manager (as applicable)

Printed Name

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			EMPLOYEE NAME	EW				the same and the s	
	136100		EMPLOYEE ID#	Wa			***************************************	the state of the s	
	WEEK ENDING	•							

Primary W-4 Residence Street Address:	EMPLOYEE EMAIL ADDRESS:	EMPLOYEE CELL / WORK PHONE #		Cell Phone Y Computer & Printer Y Digital Camera Y Equipment shall be paid on days worked only. All allowances shall be <u>PRE-APPROVED</u> by C	HOURS	MUST BE IN TIR OFFICE BY 8:00 AM SUNDAY FOR PAYRO	Final Time Sheet: NO Returning Next Week: YES	
Actual City / State / Zip of work location Los Angeles, California	() NOTE FIELD LOCATION ADDRESS CHANGE	CLIENT SIGNATURE:	By submitting this time sheet, you acknowledge that the information on this time sheet is accurate to the best of your knowledge and that you are eligible for everything you are submitting for. Any over charges or unauthorized charges will be decluded from future compensation or reimbursed to the Company by the employee.	Digital Camera Y DAYS WORKED ICES Shall be PRE-APPROVED by Client WEEK ENDS ON SATURDAY! ACTUAL HOURS WORKED	HOURS HOURS HOURS	AM SUNDAY FOR PAYROLL PROCESSING Tuesday Wednesday Thursday Friday Saturday	CLASSIFICATION: Chief Inspector CLIENT: SoCal Code: 70	TIME PERIOD: 10/25/2014 WEEK ENDING EMPLOYEE ID#: WEEK ENDING EMPLOYEE NAME:



Invoice Check List

VEII	dor has provided an invoice that includes the following.
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	ndor/Contractor has provided an Invoice Summary which summarizes all work completed per c during the dates of service of the invoice.
ø	Work invoiced is consistent with the Scope of Work/PO
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	ndor / Contractor have provided Documentation of allowable reimbursable expenses mized receipts, timesheets, consultant invoices, etc.)
	Documentation falls within the dates of invoice (which also needs to fall within the start date work service.
d	Pre-authorization forms provided for all lodging and air travel expenses
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6	Review invoice and deliverable(s) to verify what was paid or been obtained.
a /	Pre-authorization for any overtime being billed
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PM:	Vendor:

Mail content report generated by COLLECTOR

From:

Sent: Tuesday, January 06, 2015 10:22 AM

To: AP_Invoices_SCG

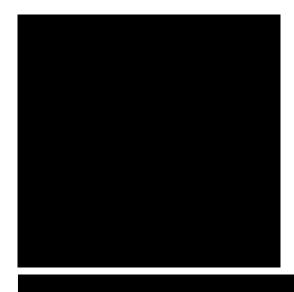
Subject:

Attachments: COL_26B39004.pdf

Attached you will find the following reviewed invoice.

Please advise if any additional information is needed.

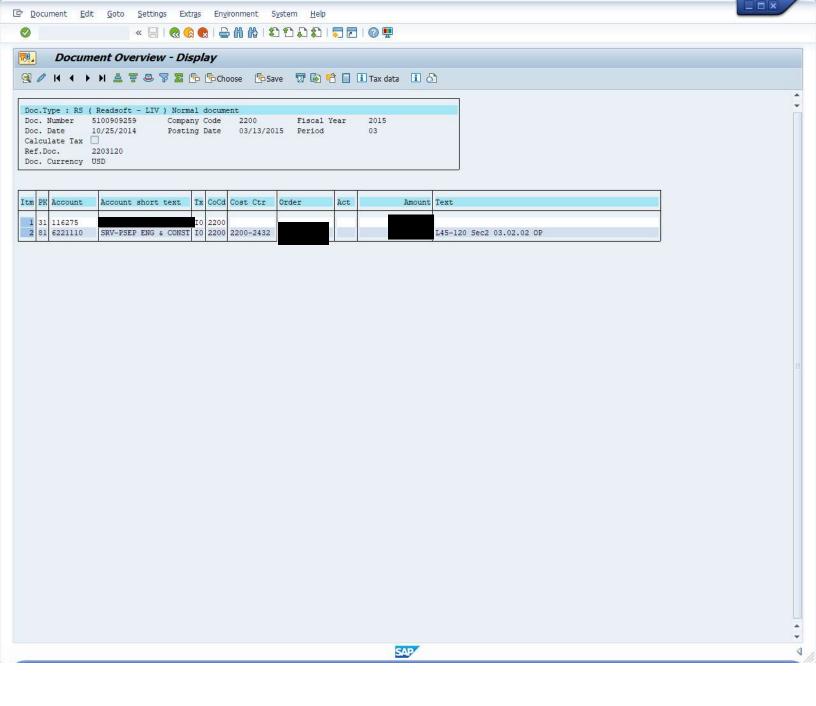
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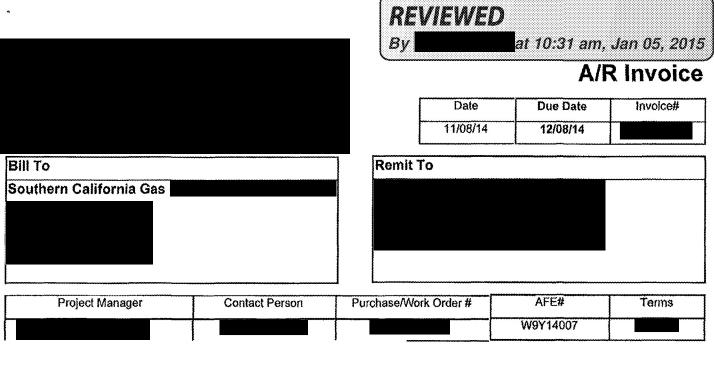


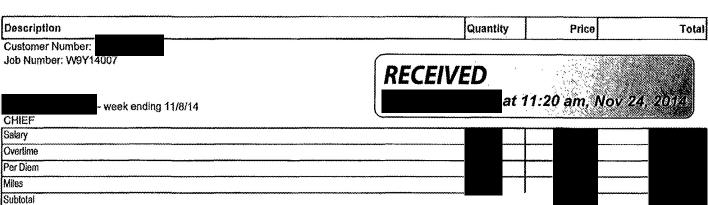
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This email originated outside of Sempra Energy. Be cautious of attachments, web links, or requests for information.







Subtotal	
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OVERTIME REQUEST FORM - Southern California Gas Company

Subcontractor Name: Subcontract Number: ROS660040502 (SoCalGaz) Project No. W9Y14665
Project Name: Line 255W SEMPRA PSEP

NOTES: 1. Work should be planned, scheduled, and assigned to avoid overtime. For this Project, overtime is defined as any hours worked in excess of forty (40) hours per week.

- 2. When overtime is necessary and authorized in advance via this Overtime Request Form, Subcontractor is eligible for compensation for non-exempt employees at the Overtime Rates established in the latest version of the Subcontractor Roster. If no such Overtime Rate exists the Compensated at the Utiling Rate stated in the Subcontractor Roster.
- 3. Subcontractor shall be compensated for exampt employees at the Billing hates established in the latest version of the Subcontractor Roster. It is expected that exempt employees may incur overtime without extra compensation; however, said overtime must still be documented herein and approved in advance.

PLANNED OVERTIME

- 4. Planned Overtime: Overtime required for a limited time period (one month or less). Requires pre-approval via this Overtime Request Form as follows:
 - I. Functional/Discipline Manager (as applicable)
 - il, Project Manager
 - **SL Sempre Project Manager**
- 5. Elanket Overrimer A blanket overrime request for an extended period (greater than one month), for a group of people working on a project can be prepared and approved. Requires pre-approval via this Overrime Request Form as follows:
 - L. All approvals required by Note & (above)x
 - II. Project Director

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Rev 09/26/13

SOUTHERN CALIFORNIA GAS COMPANY WEEKLY TIMESHEET

Subcontractor Name:

Week Ending Date: PAGE 2 of 3 of timecards WE 11/08/14 (shows approved hourly rate, Project numbers,

INSTRUCTIONS: Subcontractor shall complete the Project #, Project Name, and WBS # for each Project which they are approved to work. Subcontract

IMPORTANT: Subcontractor 's submittal, and Contractor's acceptance, of this Weekly Timesheet shall not be construed or interpreted as approval of any hours or expenses identified herein and shall not in

SECTION I - LABOR

SECTION 1 - LABOR	<u> </u>					
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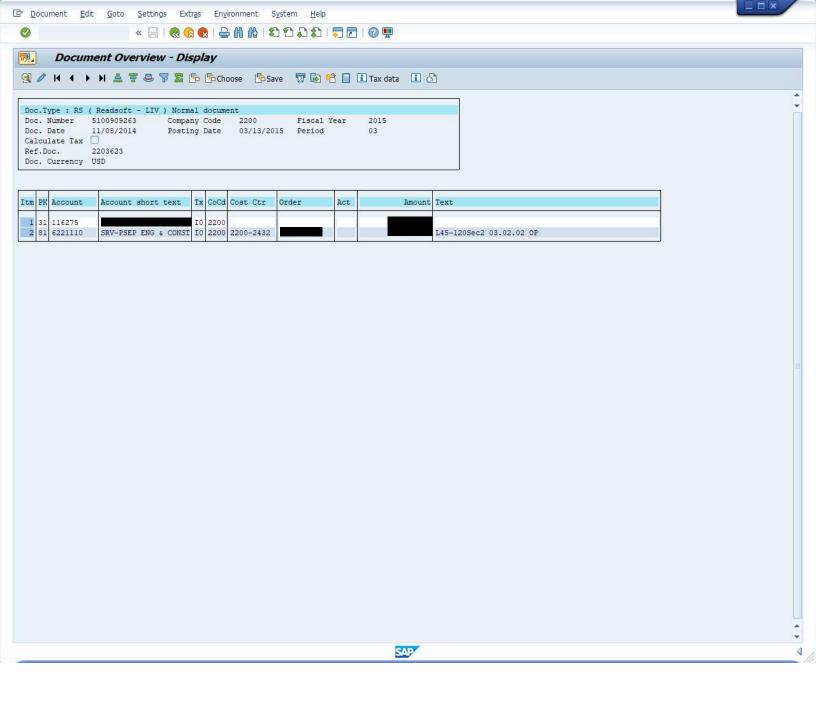
Invoice Check List

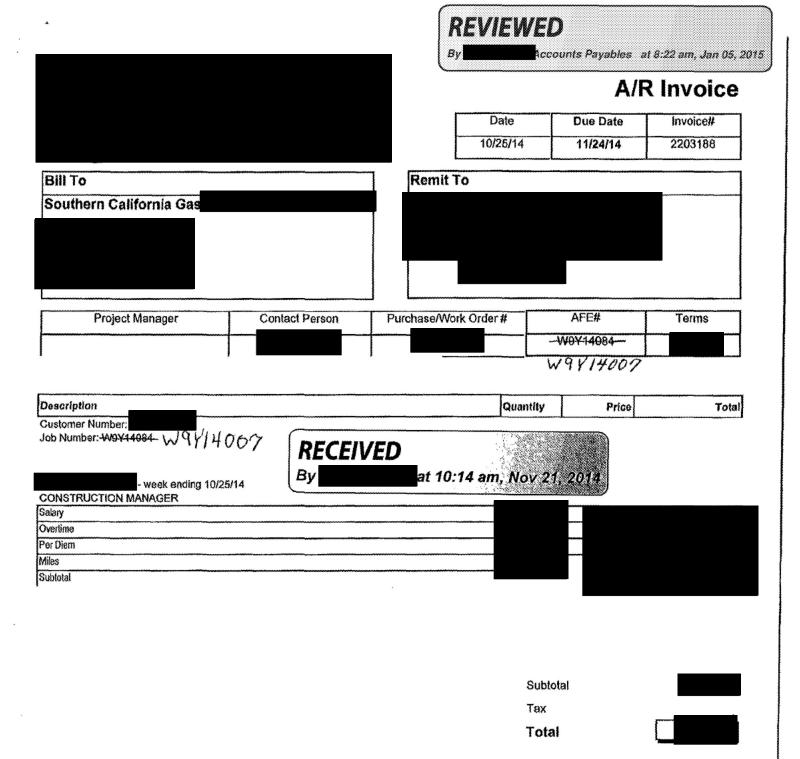
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	Work invoiced is consistent with the Scope of Work/PO
	Hours billed match weekly timesheets
	Vendor / Contractor have provided Documentation of allowable reimbursable expenses (itemized receipts, timesheets, consultant invoices, etc.)
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NA	O Review invoice and deliverable(s) to verify what was paid or been obtained.
	Reviewer: Invoice number:
	PM: Vendor:

Mail content report generated by COLLECTOR

From: </o= (FYDIBOHF23SPD LT)/cn=Recipients/cn= Tuesday, January 06, 2015 2:07 PM Sent: AP_Invoices_SCG To: Subject: Attachments: COL_26F08000.pdf Attached you will find the following reviewed invoice. Please advise if any additional information is needed. Thank you, SoCalGas PSEP 555 W 5th St, 23-098

Los Angeles, CA 90001





OVERTIME REQUEST FORM - Southern California Gas Company

Subcontractor Namos Subcontract Number SoCalGas

Project No W9Y3.4007
Project Name Line 45-120 Sec 2 Sempra PSEP

NOTES 1. Work should be planned, scheduled, and assigned to avoid overtime. For this Project, overtime is defined as any hours worked in excess of forty (40) hours per week

- 2. When overtime is necessary and authorized in advance via this Overtime Request Form, Subcontractor is eligible for compensation for non-exempt employees at the Overtime Rates established in the latest version of the Subcontractor Roster. If no such Overtime Rate exists, Subcontractor shall be compensated at the Bulling Rate stated in the Subcontractor Roster.
- 3. Subcontractor shall be compensated for exempt employees at the Billing Rates established in the latest version of the Subcontractor Roster. It is expected that exempt employees may more overtime without extra compensation, however, and overtime must still be documented herein and approved in advance.
- 4 Planned Overtune Overtune required for a limited time period (one monds or less). Requires pre-approval via this Overtune Request Form as follows
 - r Functional/Describe Manager (as applicable)
 - n Project Manager
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- 5 Elamket Overtune. A blanket overtune request for an extended period (greater than one month), for a group of people working on a project can be prepared and approved. Requires pre-approval via this Overtune Request Form as follows:
 - All approvals required by Note 4 (above)x
 - roject Director

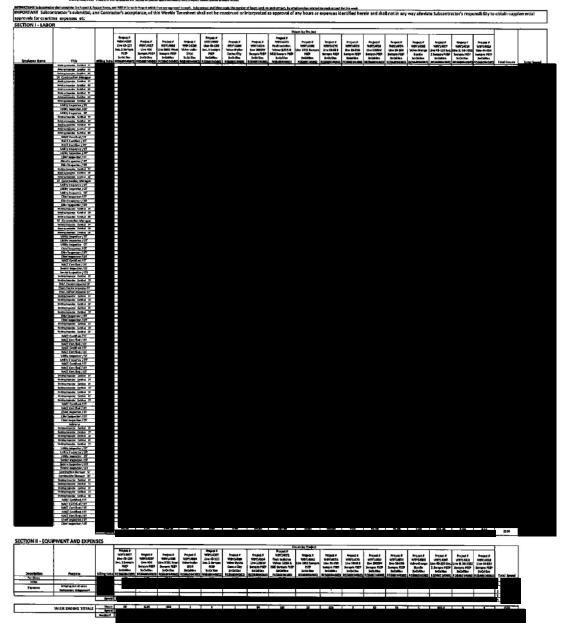
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TIME PERIOD: 10/25/2014 WEEK ENDING EMPLOYEE IDA: 147149 EMPLOYEE NAME: CLASSIFICATION: Construction Manager Final Time Sheet: NO Returning Next Week: YES SoCal CODE: CLIENT: MUST BE IN TIR OFFICE BY 8:00 AM SUNDAY FOR PAYROLL PROCESSING 10/20/14 10/21/14 10/22/14 10/23/14 10/24/14 10/25/14 10/19/14 Saturday Tuesday TOTALS OVERHEAD ACCOUNT NUMBER HOURS NOURS. HOURS HOURS HOURS HOURS HOURS Account 8 W9Y14035 W9Y140B3 Line 30-18 Line St. 43-121 W3Y14084 45-120 Sec. 1 W9Y14048 W9Y14075 SL 44-687 38-539 WORK RELATED MILEAGE PER DEN (Yes or Ra) EQUIPMENT (PROMOTHER ASSET) さいしょうしんしょうだれ あれたかけかなたのかっかい Computer & Printer DAYS WORKED Digital Camera Cell Phone Equipment shall be paid on days worked only. All allowances shall be PRE-APPROVED by Client, WEEK ENDS ON SATURDAY! ACTUAL HOURS STATE OF JOB LOCATION By widerstoing this time sheet, you acknowledge that the information on this time sheet is accusate to the basis of your knowledge and that you are eligible for everything you are submitted for. Any over charges or an Company by the employee. FIELD SUPERVISOR: FIELD SUPERVISOR PHONE # EMPLOYEE SIGNATURE: CLIENT SIGNATURE: EMPLOYEE CELL/WORK PHONE # EMPLOYEE EMAIL ADDRESS: EMAIL TIME SHEETS TO: (OR) FAX TIME SHEETS TO: NOTE FIELD LOCATION ADDRESS CHANGE () NOTE PRIMARY ADDRESS CHANGE Primary W-4 Residence Actual City / State / Zip of work location SSS W 5th Street Los Angeles, CA 90024

W9414007

SOUTHERN CALIFORNIA GAS COMPANY WEEKLY TIMESHEET

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Invoice Check List

Vendor has provided an Invoice that includes the following:
Includes Vendor/Contractors address Date of the invoice Invoice number (e.g. Invoice 2414) Dates of service of the invoice Project number or PO number clearly identified Project manager clearly identified Funding amounts allocated has not been overspent.
Vendor/Contractor has provided an Invoice Summary which summarizes all work completed petask during the dates of service of the invoice.
Work invoiced is consistent with the Scope of Work/PO
Hours billed match weekly timesheets
Vendor / Contractor have provided Documentation of allowable reimbursable expense (itemized receipts, timesheets, consultant invoices, etc.)
Documentation falls within the dates of invoice (which also needs to fall within the start dat of work service.
Pre-authorization forms provided for all lodging and air travel expenses
ϕ Adequately shows that costs have been expended by the vender/contractor. (All staff recipient work, consultant work, and expenditures must be paid for prior to requesting reimbursement
Review invoice and deliverable(s) to verify what was paid or been obtained.
Pre-authorization for any overtime being billed
Reviewer: Invoice number: 2203188
PM:

Mail content report generated by COLLECTOR

From:

Sent: Tuesday, January 06, 2015 10:21 AM

To: AP_Invoices_SCG

Subject: 2203186

Attachments: COL_26B39010.pdf

Attached you will find the following reviewed invoice.



Please advise if any additional information is needed.

Thank you,

SoCalGas PSEP

555 W 5th St, 23-098

Los Angeles, CA 90001

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