

Office

HOURLY TIME SHEET

| Name: | | Period Worked: | 11-16 x 11-22 x 17 | | |
|-------------------|----------------|---------------------|--------------------|-----------|-------------|
| Client: | 50 Cyl Gas | State: | CA | | |
| Lead Supervisor: | | | | | |
| Field Supervisor: | | | | | |
| Project Name: | | | | | |
| IO Number: | | | | | |
| Date Worked | Day of Week | Description of Work | Normal Time | Over Time | Double Time |
| 11-16 | Sun | / | | | |
| 11-17 | Mon | L-1200 | | | |
| 11-18 | Tues | L-3001 | | | |
| 11-19 | Wed | L-31-09 | | | |
| 11-20 | Thurs | HAYNES WADUP | | | |
| 11-21 | Fri | PESP 2000W | | | |
| 11-22 | Sat | | | | |
| TOTAL: | | | | | |

EXPENSE REPORT

| | | | |
|-------------------|-----------------------------|----------------|----------------|
| Name: | [REDACTED] | Period Worked: | 11-16-11-22-14 |
| Client: | Southern California Gas Co. | State: | CA |
| Lead Supervisor: | [REDACTED] | | |
| Field Supervisor: | [REDACTED] | | |
| Project Name: | [REDACTED] | | |
| IO Number: | [REDACTED] | | |

| Date Worked | Day of Week | Description | Miles | Per Diem |
|-------------|-------------|----------------------------|------------|------------|
| 11-16 | Sun | [REDACTED] | [REDACTED] | [REDACTED] |
| 11-17 | Mon | L-1200 [REDACTED] | | |
| 11-18 | Tues | L-3001 [REDACTED] | | |
| 11-19 | Wed | L-31-09 [REDACTED] | | |
| 11-20 | Thurs | HAYNES LADWP [REDACTED] | | |
| 11-21 | Fri | PSEP 2000 W [REDACTED] | | |
| 11-22 | Sat | [REDACTED] | | |

| | |
|---------------------------------|---------------|
| Total Mileage: | [REDACTED] |
| Other Expenses: | \$ [REDACTED] |
| Cell/camera/Computer Allowance: | \$ [REDACTED] |
| Total Expenses: | \$ [REDACTED] |

Invoice

| Date | Invoice # |
|-----------|-----------|
| 12/1/2014 | 2283 |

Bill To

| Project | P.O. No. | Terms |
|---------|----------|-------|
| Q435 | 93331 | |

| Quantity | Description | Rate | Amount |
|----------|--|-------|--------|
| | PROJECT 76-0159 VALENCIA BASE SUPPORT FROM 11/24/14 TO 11/26/14 | | |
| | YARD ASSIST REGULAR TIME | | |
| | YARD ASSIST DRIVE TIME PER MILE | | |
| | YARD ASSIST CELL PHONE | | |
| | SUBTOTAL | | |
| | | Total | |




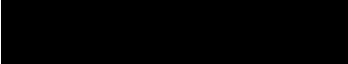
DATE: Tuesday 11-25-14

DAILY WORK REPORT

JOB NO. 02435
26-0159


LOCATION: Valencia Base

Foreman _____

| Employee Name | Title | Time In | Time Off | Drive T. | Hrs. | Employee Signature |
|--|-------|--|----------|----------|------|--------------------|
|  | |  | | | | |
| | | | | | | |

| EQUIP. NO. | DESCRIPTION | HRS. | EQUIPMENT NOTES | RENTED EQUIPMENT | HRS. |
|------------|-------------|------|-----------------|------------------|------|
| | | | | | |

| MATERIAL | QUANTITY | SUPPLIER | TICKET NO. |
|----------|----------|----------|------------|
| | | | |

Job Notes: miles 

DATE: Wednesday 11-26-14

DAILY WORK REPORT

JOB NO. 76-0159 ⁶²⁴³⁵

LOCATION: Valencia Base

Foreman

[illegible]

HOURLY TIME SHEET

| Name: | | | Period Worked: | 11-23 - 11-29 = 14 | |
|-------------------|-------------|---------------------|----------------|--------------------|-------------|
| Client: | SO C4L GAS | | State: | CA | |
| Lead Supervisor: | | | | | |
| Field Supervisor: | | | | | |
| Project Name: | | | | | |
| IO Number: | | | | | |
| Date Worked | Day of Week | Description of Work | Normal Time | Over Time | Double Time |
| 11-23 | Sun | WORKING | | | |
| 11-24 | Mon | ✓ 6:45-1406 | | | |
| 11-25 | Tues | ✓ 6-1019 | | | |
| 11-26 | Wed | 6-31-09 | | | |
| 11-27 | Thurs | HOLIDAY OFF | | | |
| 11-28 | Fri | OFF | | | |
| 11-29 | Sat | | | | |
| TOTAL: | | | | | |

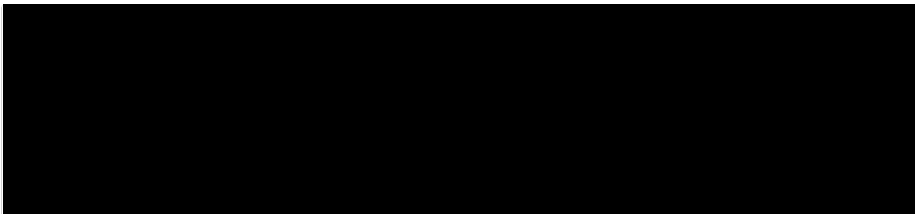
EXPENSE REPORT

| Name: [REDACTED] | | Period Worked: 11-23-11-29-14 | |
|-------------------------------------|-------------|-------------------------------|---------------|
| Client: Southern California Gas Co. | | State: CA | |
| Lead Supervisor: [REDACTED] | | | |
| Field Supervisor: [REDACTED] | | | |
| Project Name: [REDACTED] | | | |
| IO Number: [REDACTED] | | | |
| Date Worked | Day of Week | Description | Miles |
| 11-23 | Sun | [Signature] | [REDACTED] |
| 11-24 | Mon | L-45-1106 | |
| 11-24 | Tues | L-1019 | |
| 11-25 | Wed | L-31-09 | |
| 11-26 | Thurs | HOLIDAY OFF | |
| 11-27 | Fri | OFF | |
| 11-28 | Sat | | |
| Total Mileage: | | | |
| Other Expenses: | | | \$ |
| Cell/camera/Computer Allowance | | | \$ [REDACTED] |
| Total Expenses | | | \$ |

[REDACTED]

Bill To

| Quantity | Description | Rate | Amount |
|------------|---|-------|------------|
| [REDACTED] | PROJECT 76-0159 VALENCIA BASE SUPPORT FROM 12/1/14 TO 12/5/14 YARD ASSIST REGULAR TIME YARD ASSIST DRIVE TIME PER MILE YARD ASSIST CELL PHONE SUBTOTAL | | [REDACTED] |
| | | Total | [REDACTED] |

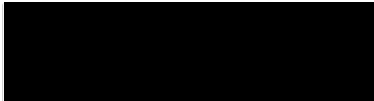



DATE: Tuesday 12-02-14

DAILY WORK REPORT


Q 435
JOB NO. 76-0159

LOCATION: Valencia Base Support Foreman _____

| Employee Name | Title | Time In | Time Off | Drive T. | Hrs. | Employee Signature |
|--|--------------------|--|----------|----------|------|--------------------|
|  | <u>YARD ASSIST</u> |  | | | | |

| QUIP. NO. | DESCRIPTION | HRS. | EQUIPMENT NOTES | RENTED EQUIPMENT | HRS. |
|-----------|-------------|------|-----------------|------------------|------|
| | | | | | |
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| | | | | | |

| MATERIAL | QUANTITY | SUPPLIER | TICKET NO. |
|----------|----------|----------|------------|
| | | | |
| | | | |
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| | | | |
| | | | |

Job Notes: miles 

Q435
JOB NO. 76-0159

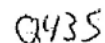
LOCATION: Valkaria Base Support

Foreman

| Employee Name | Title | Time In | Time Off | Drive T. Hrs. | Employee Signature |
|---------------|-------------|------------|----------|---------------|--------------------|
| [REDACTED] | YARD ASSIST | [REDACTED] | | | |

[illegible][illegible]

ab Notes: miles



DAILY WORK REPORT

JOB NO. ~~675~~ 76-0159

Foreman

Job Notes: Miles

HOURLY TIME SHEET

| | | | |
|-------------------|------------|----------------|---------------|
| Name: | [REDACTED] | Period Worked: | 11-30-12-6-14 |
| Client: | SO CAL GAS | State: | CA |
| Lead Supervisor: | [REDACTED] | | |
| Field Supervisor: | [REDACTED] | | |
| Project Name: | [REDACTED] | | |
| IO Number: | [REDACTED] | | |

| Date Worked | Day of Week | Description of Work | Normal Time | Over Time | Double Time |
|-------------|-------------|---------------------|-------------|-----------|-------------|
| 11-30 | Sun | 10-10-19 | [REDACTED] | | |
| 12-1 | Mon | L-1019 | | | |
| 12-2 | Tues | L-45-120 PSEP | | | |
| 12-3 | Wed | L-31-09 | | | |
| 12-4 | Thurs | L-1019 | | | |
| 12-5 | Fri | | | | |
| 12-6 | Sat | | | | |
| TOTAL: | | | | | |

Office: [REDACTED]

EXPENSE REPORT

| | | | |
|-------------------|-----------------------------|----------------|---------------|
| Name: | [REDACTED] | Period Worked: | 11-30-12-6-14 |
| Client: | Southern California Gas Co. | State: | CA |
| Lead Supervisor: | [REDACTED] | | |
| Field Supervisor: | [REDACTED] | | |
| Project Name: | [REDACTED] | | |
| IO Number: | [REDACTED] | | |

| Date Worked | Day of Week | Description | Miles | Per Diem |
|---------------------------------|-------------|-----------------------|------------|------------|
| 11-30 | Sun | 10 | [REDACTED] | |
| 12-1 | Mon | ✓ L-1019 TRIP to PICO | | |
| 12-2 | Tues | ✓ L-43-120 P&P | | |
| 12-3 | Wed | L-31-09 [REDACTED] | | |
| 12-4 | Thurs | L-1019 [REDACTED] | | |
| 12-5 | Fri | [REDACTED] | | |
| 12-6 | Sat | | | |
| Total Mileage: | | | | \$ |
| Other Expenses: | | | | \$ |
| Cell/camera/Computer Allowance: | | | \$ | [REDACTED] |
| Total Expenses: | | | \$ | |

Mail content report generated by COLLECTOR

From: "[REDACTED]"
<[REDACTED]@[REDACTED]>
Sent: Friday, December 12, 2014 1:06 PM
To: AP_Invoices_SCG
Subject: 76-0159 Inv23157
Attachments: COL_DCE19012.pdf

[REDACTED]

[REDACTED]

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

| Doc.Type : RS (Readsoft - LIV) Normal document | | | | | |
|--|--------------------------|--------------|------------|-------------|------|
| Doc. Number | 5100891777 | Company Code | 2200 | Fiscal Year | 2014 |
| Doc. Date | 12/12/2014 | Posting Date | 12/26/2014 | Period | 12 |
| Calculate Tax | <input type="checkbox"/> | | | | |
| Ref.Doc. | 23157 | | | | |
| Doc. Currency | USD | | | | |

| Itm | PK | Account | Account short text | Tx | CoCd | Cost Ctr | Order | Act | Amount | Text |
|-----|----|---------|----------------------|----|------|-----------|-------|-----|--------|---------|
| 1 | 31 | 26236 | | IO | 2200 | | | | | |
| 2 | 81 | 6130011 | EMP TRVL-INCIDENTALS | IO | 2200 | 2200-0256 | | | | SERVICE |
| 3 | 81 | 6220380 | SRV-TEMP AGNCY LABOR | IO | 2200 | 2200-0256 | | | | SERVICE |
| 4 | 81 | 6220380 | SRV-TEMP AGNCY LABOR | IO | 2200 | 2200-0256 | | | | SERVICE |
| 5 | 81 | 6220380 | SRV-TEMP AGNCY LABOR | IO | 2200 | 2200-0256 | | | | SERVICE |
| 6 | 81 | 6220380 | SRV-TEMP AGNCY LABOR | IO | 2200 | 2200-0256 | | | | SERVICE |
| 7 | 81 | 6220380 | SRV-TEMP AGNCY LABOR | IO | 2200 | 2200-0256 | | | | SERVICE |
| 8 | 81 | 6220380 | SRV-TEMP AGNCY LABOR | IO | 2200 | 2200-0256 | | | | SERVICE |
| 9 | 81 | 6220380 | SRV-TEMP AGNCY LABOR | IO | 2200 | 2200-0256 | | | | SERVICE |
| 10 | 81 | 6220380 | SRV-TEMP AGNCY LABOR | IO | 2200 | 2200-0256 | | | | SERVICE |
| 11 | 81 | 6220380 | SRV-TEMP AGNCY LABOR | IO | 2200 | 2200-0256 | | | | SERVICE |

INVOICE

Invoice # Invoice Date
127315 10/06/2014

Company Billed: Southern California Gas Company
Attn: [REDACTED]
555 W. Fifth Street
Los Angeles, CA 90013-1011

IO [REDACTED] WO 82027

Contract # [REDACTED]

| Employee Name Occupation | Work End Date | Bill Units | Bill Rate | Bill Amount |
|-----------------------------|------------------|---------------|--------------|----------------|
|-----------------------------|------------------|---------------|--------------|----------------|

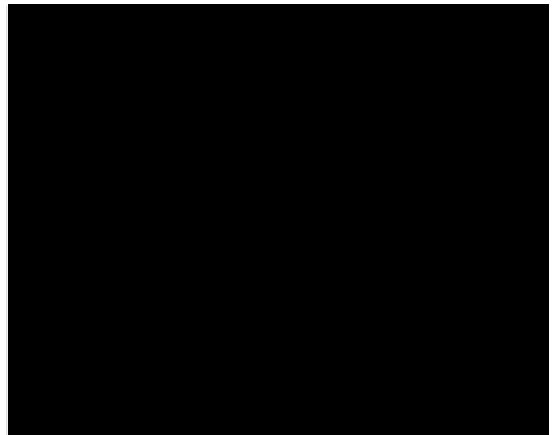
Field Engineer Coordinator

09/20/2014

Regular Wages
Overtime Wages
Per Diem
Mileage

09/27/2014

Regular Wages
Overtime Wages
Per Diem
Mileage
Per Diem

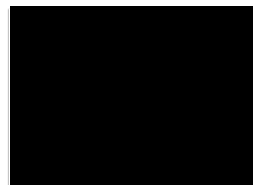


RECEIVED

By [REDACTED] at 11:15 am, Oct 13, 2014

Subtotal
Less Discount

Total



| | |
|-------------------------|-----------------------|
| Employee Name | [REDACTED] |
| Pay Period Ending | 9/27/2014 |
| Employee Classification | Field Engineer |
| Client Name | So Cal/Sempra Gas Co. |
| Client Supervisor | [REDACTED] |
| Client Supervisor email | [REDACTED] |

Employee's Signature _____

Supervisor's Approval _____

| Job Number - 45-120 | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| W9Y14007 | 9/21/2014 | 9/22/2014 | 9/23/2014 | 9/24/2014 | 9/25/2014 | 9/26/2014 | 9/27/2014 |
| WOA [REDACTED] | | | | | | | |
| I/C [REDACTED] | NW | W | W | W | W | W | W |
| Hours | | | | | | | |
| Mileage | | | | | | | |
| Per Diem | Y | W | W | W | W | W | W |
| Equipment | NW | W | W | W | W | W | W |
| Computer | NW | W | W | W | W | W | W |
| Phone | NW | W | W | W | W | W | W |
| Camera | NW | W | W | W | W | W | W |
| ATV | NW | W | W | W | W | W | W |
| Other | NW | W | W | W | W | W | W |

| Miscellaneous Expenses | | |
|------------------------|-------------|--------|
| Job Number | Description | Amount |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | |

Name _____
Address _____
City/State/Zip _____
Employee Contact Number _____

Office Name _____
Office Address _____
City/State/Zip _____
Office Phone _____

timesheet

From: [REDACTED]
Sent: Sunday, September 28, 2014 5:08 PM
To: [REDACTED] timesheet
Subject: Time for week ending 9-27-14
Attachments: Time Sheet for week - 9-27-2014.xls

Left early Saturday and traveled up to Lemoore California to attend meeting Monday morning at 7am for job# 44-687.

[REDACTED]
Could you please email me the info I will need to have on my timesheet now that I will be working on job# 44-687 please and thank you..

[REDACTED]
Field Engineer SoCal Gas.
[REDACTED]
[REDACTED]

No virus found in this message.

Checked by [REDACTED]

Version: 2013.0.3485 / Virus Database: 4031/8293 - Release Date: 09/29/14

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
- ☒ Hours billed match weekly timesheets

Vendor / Contractor have 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

- ☐ 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

- ☐ Pre-authorization for any overtime being billed

Reviewer: 

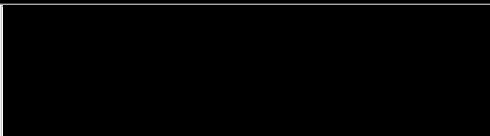
Invoice number: 127315

PM: 

Vendor: 

Mail content report generated by COLLECTOR

From:



Sent: Monday, November 10, 2014 2:03 PM

To: AP_Invoices_SCG

Subject: Cleveland 127315

Attachments: COL_CAF09010.pdf

Attached you will find the following reviewed invoice.



127315

Please advise if any additional information is needed.



Thank you,



SoCalGas PSEP

555 W 5th St, 23-098

Los Angeles, CA 90001

NOTICE - This communication may contain confidential and privileged information that is for the sole use of the 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.

| Doc.Type : RS (Readsoft - LIV) Normal document | | | | | |
|--|--------------------------|--------------|------------|-------------|------|
| Doc. Number | | Company Code | 2200 | Fiscal Year | 2015 |
| Doc. Date | 10/06/2014 | Posting Date | 01/15/2015 | Period | 01 |
| Calculate Tax | <input type="checkbox"/> | | | | |
| Ref.Doc. | 127315 | | | | |
| Doc. Currency | USD | | | | |

| Itm | PK | Account | Account short text | Tx | CoCd | Cost Ctr | Order | Act | Amount | Text |
|-----|----|---------|--------------------|----|------|----------|-------|-----|--------|-------------------------------|
| 1 | | | | | | | | | | |
| | | | | I0 | 2200 | | | | | L45-120 Section 2 03.02.02 OP |

RECEIVED

By [REDACTED] at 8:59 am, Nov 11, 2014

Southern California Gas Co. PSEP

Accounts Payable Department
555 W 5TH ST, 23-098
LOS ANGELES, CA 90001
The United States of America
[REDACTED]

Invoice

1 / 4

Invoice Number 107.PIN0313123
Date November 4 2014
Client Number 107.CUS000852

Contract Number [REDACTED]
Order [REDACTED]

REVIEWED

By [REDACTED] Accounts Payables at 2:39 pm, Dec 09, 2014

RTD Reference
Customer Reference

Location
Attn: So Cal Gas Co [REDACTED]
WOA# 82027

Job Sheet

Net

| | | | |
|----------------------|---|-----|------------|
| 07 011505/059/279.01 | Ticket:7 0344 20141006 1 - Date:10/6/2014 [wk41] RT as directed. | USD | [REDACTED] |
| 07.011505/059/280.01 | Ticket 7.0344.20141007 1 - Date 10/7/2014 [wk41] RT as directed. | USD | [REDACTED] |
| 07.011505/059/281.01 | Ticket:7.0344 20141008.1 - Date:10/8/2014 [wk41] RT as directed. | USD | [REDACTED] |
| 07.011505/059/282.01 | Ticket:7 0344.20141009.1 - Date:10/9/2014 [wk41] RT as directed | USD | [REDACTED] |
| 07 011505/059/283.01 | Ticket:7.0344 20141010.1 - Date:10/10/2014 [wk41] RT + PT as directed. | USD | [REDACTED] |
| 07.011505/059/284.01 | Ticket:7.0344.20141011.1 - Date:10/11/2014 [wk41] RT + PT as directed. | USD | [REDACTED] |

See specification on next page(s)

Pro forma: 107.PINP0358981-

Payment in [REDACTED] days from date of invoice - Payment due Dec 4 2014

Subtotal USD [REDACTED]

Sales Tax USD [REDACTED]

Amount due USD [REDACTED]

Mail Payments to:
Wire Payments to:
ACH Payments to:

Invoice

2 / 4

Invoice Number 107.PIN0313123
Date November 4 2014

Job Sheet: 07.011505/059/279.01 CRef:WOA# 82027 - Ticket:7.0344.20141006.1 - Date:10/6/2014

Location: Newhall Ave + Sierra Hwy, N[wk41] RT as directed.

Description of Work:

Attn: [REDACTED]
7 0344.20141006 1
PSEP 5660030278
New Hall, CA

Work location**Item****Qty Unit Price Net**

X-Ray IR-192 Regular time

X-Ray IR-192 Overtime

Per Diem

Film 3½ x 17

Truck Charge

Disposal Fee

Discount

Remark

AR REP:

Inquiries:

Job Sheet total: USD

Job Sheet: 07.011505/059/280.01

CRef:WOA# 82027 - Ticket:7.0344.20141007.1 - Date:10/7/2014

Location: Newhall Ave + Sierra Hwy, N[wk41] RT as directed.

Description of Work:

Attn: [REDACTED]
7 0344.20141007 1
PSEP 5660030278
New Hall, CA

Work location**Item****Qty Unit Price Net**

X-Ray IR-192 Regular time

X-Ray IR-192 Overtime

Per Diem

Film 3½ x 17

Truck Charge

Disposal Fee

Discount

Remark

AR REP:

Inquiries:

Job Sheet total: USD

Invoice

3 / 4

Invoice Number 107.PIN0313123
Date November 4 2014

Job Sheet: 07.011505/059/281.01 CRef:WOA# 82027 - Ticket:7.0344.20141008.1 - Date:10/8/2014

Location: Newhall Ave + Sierra Hwy, N[wk41] RT as directed.

Description of Work:

Attn: [REDACTED]
7.0344.20141008.1
PSEP 5660030278
New Hall, CA

Work location

| Item | Qty | Unit | Price | Net |
|------|-----|------|-------|-----|
|------|-----|------|-------|-----|

X-Ray IR-192 Regular time

X-Ray IR-192 Overtime

Per Diem

Film 3½ x 17

Truck Charge

Disposal Fee

Discount

Remark

AR REP.

Inquiries:

Job Sheet total: USD

Job Sheet: 07.011505/059/282.01

CRef:WOA# 82027 - Ticket:7.0344.20141009.1 - Date:10/9/2014

Location: Newhall Ave + Sierra Hwy, N[wk41] RT as directed.

Description of Work:

Attn: [REDACTED]
7 0344 20141009 1
PSEP 5660030278
New Hall, CA

Work location

| Item | Qty | Unit | Price | Net |
|------|-----|------|-------|-----|
|------|-----|------|-------|-----|

X-Ray IR-192 Regular time

X-Ray IR-192 Overtime

Per Diem

Film 3½ x 17

Truck Charge

Disposal Fee

Discount

Remark

AR REP.

Inquiries:

Job Sheet total: USD

Invoice

4 / 4

Invoice Number
Date107.PIN0313123
November 4 2014

Job Sheet: 07.011505/059/283.01

CRef:WOA# 82027 - Ticket:7.0344.20141010.1 - Date:10/10/2014

Location: Newhall Ave. + Sierra Hwy, N[wk41] RT + PT as directed.

Description of Work:Attn: [REDACTED]
7.0344.20141010.1
PSEP 5660030278
New Hall, CA**Work location****Item**

Qty

Unit

Price

Net

X-Ray IR-192 Regular time

X-Ray IR-192 Overtime

Per Diem

Film 3½ x 17

Truck Charge

Disposal Fee

Discount

Remark

AR REP:
Inquiries

Job Sheet total: USD

Job Sheet: 07.011505/059/284.01

CRef:WOA# 82027 - Ticket:7.0344.20141011.1 - Date:10/11/2014

Location: Newhall Ave. + Sierra Hwy, N[wk41] RT + PT as directed.

Description of Work:Attn: [REDACTED]
7.0344 20141011 1
PSEP 5660030278
New Hall, CA**Work location****Item**

Qty

Unit

Price

Net

X-Ray IR-192 Overtime

Per Diem

Film 3½ x 17

Truck Charge

Disposal Fee

Discount

Remark

AR REP:
Inquiries

Job Sheet total: USD

PSEP

RECEIVED
OCT 13 2014

SHIP'D OCT 14 2014

BK-D-234

Field Ticket

| Customer #: 107.CUS000852 Customer: Southern California Gas Co. - 4 Street Address: [REDACTED] City, State, Zip: [REDACTED] | | Contact Information Person Calling In: [REDACTED] Company: SoCal Gas Phone/Cell #: [REDACTED] Email: [REDACTED] | | Department: Bakersfield, CA 7.0344.20141008.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------------------------------|---|--|--|----------------------|---------------|--------------|-----------|----|---------------------------------------|------------|-------|-----------------------------------|------------|----|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | Axapta Work Report 07.011505/059/281.01 | | Date 10/08/2014 | Ticket # 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Project Name: PSEP | | Customer Charge Code #1: WOA# 82027 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Authorized Rep and Phone Number: [REDACTED] | | Customer Charge Code #2: [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Location: [REDACTED] | | Project Foreman and Phone Number: [REDACTED] | | Customer Charge Code #3: [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Description: RT as directed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESOURCES Main Technician Name: [REDACTED] Employee #: [REDACTED] | | CUSTOMER BILLED HOURS <table border="1"> <thead> <tr> <th>Hour Type</th> <th>Type of Work</th> <th>TOTAL HRS</th> </tr> </thead> <tbody> <tr> <td>RT</td> <td>X-Ray IR-192 Regular time</td> <td>[REDACTED]</td> </tr> <tr> <td>OT</td> <td>X-Ray IR-192 Overtime</td> <td>[REDACTED]</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | Hour Type | Type of Work | TOTAL HRS | RT | X-Ray IR-192 Regular time | [REDACTED] | OT | X-Ray IR-192 Overtime | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | |
| Hour Type | Type of Work | TOTAL HRS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RT | X-Ray IR-192 Regular time | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OT | X-Ray IR-192 Overtime | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assistant 1 Name: [REDACTED] Employee #: [REDACTED] | | <table border="1"> <thead> <tr> <th>Description</th> <th>Type of Work</th> <th>TOTAL HRS</th> </tr> </thead> <tbody> <tr> <td>RT</td> <td>Included Assistant Hours Regular Time</td> <td>[REDACTED]</td> </tr> <tr> <td>OT</td> <td>Included Assistant Hours Overtime</td> <td>[REDACTED]</td> </tr> <tr><td>DT</td><td> </td><td> </td></tr> <tr><td>TT</td><td> </td><td> </td></tr> </tbody> </table> | | | | Description | Type of Work | TOTAL HRS | RT | Included Assistant Hours Regular Time | [REDACTED] | OT | Included Assistant Hours Overtime | [REDACTED] | DT | | | TT | | | | | | | | | | | | | | | | | | | | |
| Description | Type of Work | TOTAL HRS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RT | Included Assistant Hours Regular Time | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OT | Included Assistant Hours Overtime | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assistant 2 Name: [REDACTED] Employee #: [REDACTED] | | <table border="1"> <thead> <tr> <th>Description</th> <th>Type of Work</th> <th>TOTAL HRS</th> </tr> </thead> <tbody> <tr><td>RT</td><td> </td><td> </td></tr> <tr><td>OT</td><td> </td><td> </td></tr> <tr><td>DT</td><td> </td><td> </td></tr> <tr><td>TT</td><td> </td><td> </td></tr> </tbody> </table> | | | | Description | Type of Work | TOTAL HRS | RT | | | OT | | | DT | | | TT | | | | | | | | | | | | | | | | | | | | |
| Description | Type of Work | TOTAL HRS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS [REDACTED] AR RCVD [REDACTED] OCT 15 2014 | | PRIMARY ITEMS <table border="1"> <thead> <tr> <th>PRIMARY ITEMS</th> <th>QUANTITY</th> </tr> </thead> <tbody> <tr><td>Per Diem</td><td> </td></tr> <tr><td>Film 3½ x 17</td><td> </td></tr> <tr><td>TRUCK</td><td> </td></tr> <tr><td>DISPOSAL</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | | | | PRIMARY ITEMS | QUANTITY | Per Diem | | Film 3½ x 17 | | TRUCK | | DISPOSAL | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIMARY ITEMS | QUANTITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Per Diem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Film 3½ x 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRUCK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISPOSAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEAM VIXR INFO Site Supervisor: [REDACTED] Phone: [REDACTED] Email: [REDACTED] | | Total Price: [REDACTED] Email Addresses Customer: [REDACTED] Field Supervisor: [REDACTED] Financial Supervisor: [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Version #07 Date Updated: 9/19/14 By: [REDACTED] | | 10 000304 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CUSTOMER PRINT NAME [REDACTED] | | SIGNATURE [REDACTED] 10/08/14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

RECEIVED

OCT 13 2014

SHIP'D OCT 14 2014

Field Ticket

[illegible]

| COMMENTS | | PRIMARY ITEMS | | QUANTITY |
|--|--|---------------|--------------------------|----------|
| <div style="background-color: black; width: 250px; height: 100px; margin-bottom: 10px;"></div> <div style="text-align: center;">AR RCVD</div> <div style="text-align: center;">OCT 15 2014</div> | | Per Diem | | |
| | | Film 3½ x 17 | | |
| | | TRUCK | | |
| | | DISPOSAL | | |
| | | | | |
| | | | | |
| | | | | |
| TEAM VIXR INFO | | | Total Price: | |
| Site Supervisor. | | | Email Addresses Customer | |
| Phone | | | Field Supervisor | |
| Email | | | Financial Supervisor | |
| Version #07 | | | Date Updated 9 19 14 | |
| | | | 10 000304 | |

OCT 13 2014

SHIP'D OCT 14 2014

BK-D-238

10/10/14

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

N/A ☐ Hours billed match weekly timesheets

Vendor / Contractor have 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 ☐ 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: [REDACTED]

Invoice number: 107.PIN0313123

PM: [REDACTED]

Vendor: [REDACTED]

Line 45-120

Mail content report generated by COLLECTOR

From:

[REDACTED]

Sent: Tuesday, December 09, 2014 3:42 PM

To: AP_Invoices_SCG

Subject: [REDACTED] 107.PIN0313123

Attachments: COL_D9G42007.pdf

Attached you will find the following reviewed invoice.

[REDACTED] 107.PIN0313123

Please advise if any additional information is needed.

Thank you,

[REDACTED]

SoCalGas PSEP

555 W 5th St, 23-098

Los Angeles, CA 90001

' [REDACTED]

NOTICE - This communication may contain confidential and privileged information that is for the sole use of the 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.

| | | | | | |
|--|--------------------------|--------------|------------|-------------|------|
| Doc.Type : RS (Readsoft - LIV) Normal document | | | | | |
| Doc. Number | 5100896530 | Company Code | 2200 | Fiscal Year | 2015 |
| Doc. Date | 11/04/2014 | Posting Date | 01/15/2015 | Period | 01 |
| Calculate Tax | <input type="checkbox"/> | | | | |
| Ref.Doc. | 107.P1N0313123 | | | | |
| Doc. Currency | USD | | | | |

| Itm | PK | Account | Account short text | Tx | CoCd | Cost Ctr | Order | Act | Amount | Text |
|-----|----|---------|----------------------|----|------|-----------|-------|-----|--------|----------------------------|
| 1 | 31 | 28402 | | I0 | 2200 | | | | | |
| 2 | 81 | 6221110 | SRV-PSEP ENG & CONST | I0 | 2200 | 2200-2432 | | | | L45-120 Section 2 03.02.02 |

Southern California Gas Co. PSEP

Accounts Payable Department
555 W 5TH ST, 23-098
LOS ANGELES, CA 90001
The United States of America

Invoice

1 / 4

Invoice Number 107.PIN0312130
Date October 28 2014
Client Number 107.CUS000852

Contract Number
Order

RTD Reference

Location:

Customer Reference

Attn: So Cal Gas Co. LongBeachPayables@.com
WOA# 82027

Job Sheet

Net

| | | |
|----------------------|---|-----|
| 07.011505/059/270.01 | Ticket:7.0344.20140927.1 - Date:9/27/2014 [wk39] RT as directed. | USD |
| 07.011505/059/272.01 | Ticket:7.0344.20140929.1 - Date:9/29/2014 [wk40] RT as directed. | USD |
| 07.011505/059/274.01 | Ticket:7.0344.20141001.1 - Date:10/1/2014 [wk40] RT as directed. | USD |
| 07.011505/059/275.01 | Ticket:7.0344.20141002.1 - Date:10/2/2014 [wk40] RT as directed. | USD |
| 07.011505/059/276.01 | Ticket:7.0344.20141003.1 - Date:10/3/2014 [wk40] RT as directed. | USD |
| 07.011505/059/277.01 | Ticket:7.0344.20141004.1 - Date:10/4/2014 [wk40] RT as directed. | USD |

See specification on next page(s)

Subtotal USD

Pro forma: 107.PINP0356179-

Sales Tax USD

Payment in from date of invoice - Payment due Nov 27 2014

Amount due USD

Invoice

2 / 4

Invoice Number 107.PIN0312130
Date October 28 2014

Job Sheet: 07.011505/059/270.01 CRef:WOA# 82027 - Ticket:7.0344.20140927.1 - Date:9/27/2014

Location: Newhall Ave + Sierra Hwy, N[wk39] RT as directed.

Description of Work:

Attn: [REDACTED]
7.0344.20140927.1
PSEP [REDACTED]
New Hall

Work location**Item**

X-Ray IR-192 Overtime
[REDACTED]
Per Diem
[REDACTED]
Film 3½ x 17
[REDACTED]
Truck Charge
Disposal Fee
Discount

Qty Unit Price Net

Job Sheet total: USD [REDACTED]

Job Sheet: 07.011505/059/272.01 CRef:WOA# 82027 - Ticket:7.0344.20140929.1 - Date:9/29/2014

Location: Newhall Ave + Sierra Hwy, N[wk40] RT as directed.

Description of Work:

Attn: [REDACTED]
7.0344.20140929.1
PSEP [REDACTED]
New Hall

Work location**Item**

X-Ray IR-192 Regular time
[REDACTED]
X-Ray IR-192 Overtime
[REDACTED]
Per Diem
[REDACTED]
Film 3½ x 17
[REDACTED]
Truck Charge
Disposal Fee
Discount

Qty Unit Price Net

Job Sheet total: USD [REDACTED]

Job Sheet: 07.011505/059/274.01 CRef:WOA# 82027 - Ticket:7.0344.20141001.1 - Date:10/1/2014

Location: Newhall Ave + Sierra Hwy, N[wk40] RT as directed.

Invoice

3 / 4

Invoice Number 107.PIN0312130
Date October 28 2014

Work location**Description of Work:**

Attn: [REDACTED]
7.0344.20141001.1
PSEP [REDACTED]
New Hall

| Item | Qty | Unit | Price | Net |
|---------------------------|------------|------|-------|-----|
| X-Ray IR-192 Regular time | [REDACTED] | | | |
| X-Ray IR-192 Overtime | | | | |
| Per Diem | | | | |
| Film 3½ x 17 | | | | |
| Truck Charge | | | | |
| Disposal Fee | | | | |
| Discount | | | | |

Job Sheet total: USD [REDACTED]

Job Sheet: 07.011505/059/275.01 CRef:WOA# 82027 - Ticket:7.0344.20141002.1 - Date:10/2/2014

Location: Newhall Ave + Sierra Hwy, N[wk40] RT as directed.

Description of Work:

Attn: [REDACTED]
7.0344.20141002.1
PSEP [REDACTED]
New Hall

Work location

| Item | Qty | Unit | Price | Net |
|---------------------------|------------|------|-------|-----|
| X-Ray IR-192 Regular time | [REDACTED] | | | |
| X-Ray IR-192 Overtime | | | | |
| Per Diem | | | | |
| Film 3½ x 17 | | | | |
| Truck Charge | | | | |
| Disposal Fee | | | | |
| Discount | | | | |

Job Sheet total: USD [REDACTED]

Job Sheet: 07.011505/059/276.01 CRef:WOA# 82027 - Ticket:7.0344.20141003.1 - Date:10/3/2014

Location: Newhall Ave + Sierra Hwy, N[wk40] RT as directed.

Invoice

4 / 4

Invoice Number 107.PIN0312130
Date October 28 2014

Description of Work:

Attn: [REDACTED]
7.0344.20141003.1
PSEP [REDACTED]
New Hall

Work location**Item**

X-Ray IR-192 Regular time
[REDACTED]
X-Ray IR-192 Overtime
[REDACTED]
Per Diem
[REDACTED]
Film 3½ x 17
[REDACTED]
Truck Charge
Disposal Fee
Discount

Qty Unit Price Net

Job Sheet total: USD [REDACTED]

Job Sheet: 07.011505/059/277.01

CRef: WOA# 82027 - Ticket: 7.0344.20141004.1 - Date: 10/4/2014

Location: Newhall Ave + Sierra Hwy, N[wk40] RT as directed.

Description of Work:

Attn: [REDACTED]
7.0344.20141004.1
PSEP [REDACTED]
New Hall

Work location**Item**

X-Ray IR-192 Overtime
[REDACTED]
Per Diem
[REDACTED]
Film 3½ x 17
[REDACTED]
Truck Charge
Disposal Fee
Discount

Qty Unit Price Net

Job Sheet total: USD [REDACTED]

P56

BK-17-235

Field Ticket

| Customer Information | | Contact Information | | Department | |
|---|--|--|--|-------------------------------------|--|
| Customer #: 107.CUS000852 | | Person Calling In: [REDACTED] | | Department: Bakersfield, CA | |
| Customer: Southern California Gas Co. - 5 | | Company: SoCal Gas Company | | 7.0344.20140929.1 | |
| Street Address: [REDACTED] | | Phone/Cell #: [REDACTED] | | Date: 09/29/2014 | |
| City, State, Zip: [REDACTED] | | Email: [REDACTED] | | Ticket #: 1 | |
| Job Location: Newhall Ave + Sierra Hwy, Newhall, CA | | Axapta Order: '07.011505 | | Customer Charge Code #1: WOA# 82027 | |
| Job Description: RT as directed. | | Project Name: PSEI [REDACTED] | | Customer Charge Code #2: | |
| RESOURCES | | Authorized Rep and Phone Number: [REDACTED] | | Customer Charge Code #3: | |
| Main Technician Name: [REDACTED] | | Project Foreman and Phone Number: [REDACTED] | | | |
| Employee #: [REDACTED] | | | | | |
| Onshore | | CUSTOMER BILLED HOURS | | | |
| Hour Type | | Type of Work | | TOTAL HRS | |
| RT | | X-Ray IR-192 Regular time | | [REDACTED] | |
| OT | | X-Ray IR-192 Overtime | | [REDACTED] | |
| | | | | | |
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| | | | | | |
| | | | | | |
| Assistant 1 Name: [REDACTED] | | Type of Work | | TOTAL HRS | |
| Employee #: [REDACTED] | | RT | | [REDACTED] | |
| | | OT | | [REDACTED] | |
| | | DT | | | |
| | | TT | | | |
| Assistant 2 Name: | | Description | | TOTAL HRS | |
| Employee #: [REDACTED] | | RT | | [REDACTED] | |
| | | OT | | [REDACTED] | |
| | | DT | | | |
| | | TT | | | |

| COMMENTS | PRIMARY ITEMS | QUANTITY |
|--|---------------|----------|
| <p>Per Diem</p> <p>Film 3½ x 17</p> <p>TRUCK</p> <p>DISPOSAL</p> <p>AP RCVD</p> <p>DESC # - [REDACTED] OCT 09 2014</p> | Per Diem | |
| | Film 3½ x 17 | |
| | TRUCK | |
| | DISPOSAL | |
| | | |
| | | |
| | | |

| | | | |
|-----------------------|--|---------------------------|--|
| TEAM VIXR INFO | | Total Price: | |
| Site Supervisor: | | Email Addresses Customer: | |
| Phone: | | Field Supervisor | |
| Email: | | Financial Supervisor | |

Version #05

Date Updated:06/12/2014

By: Usa Petris

10.000304



CUSTOMER PRINT NAME

SIGNATURE

ACKNOWLEDGMENTS

SHIP'D OCT 09 2014

BK-D-249

ကမ္ဘာ့အဆင့်ဆင့်

Field Ticket

| Customer Information | | Contact Information | | Department | |
|---------------------------------------|--|-----------------------------------|--|---------------------------------------|--|
| Customer #: | | Person Calling In: | | Department: | |
| Customer: | | Company: | | Bakersfield, CA | |
| Street Address: | | Phone/Cell #: | | 7.0344.20141001.1 | |
| City, State, Zip: | | Email: | | | |
| Job Location: | | Authorized Rep and Phone Number: | | Customer Charge Code #1: | |
| Newhall Ave + Sierra Hwy, Newhall, CA | | | | WOA# 82027 | |
| Job Description: | | Project Foreman and Phone Number: | | Customer Charge Code #2: | |
| RT as directed. | | | | Customer Charge Code #3: | |
| RESOURCES | | CUSTOMER BILLED HOURS | | | |
| Main Technician Name: | | Onshore | | TOTAL HRS | |
| Employee #: | | Hour Type | | | |
| | | RT | | X-Ray IR-192 Regular time | |
| | | OT | | X-Ray IR-192 Overtime | |
| Assistant 1 Name: | | Description | | TOTAL HRS | |
| Employee #: | | RT | | Included Assistant Hours Regular Time | |
| | | OT | | Included Assistant Hours Overtime | |
| Assistant 2 Name: | | DT | | | |
| Employee #: | | TT | | | |
| | | Description | | TOTAL HRS | |
| | | RT | | | |
| | | OT | | | |
| | | DT | | | |
| | | TT | | | |
| COMMENTS | | PRIMARY ITEMS | | QUANTITY | |
| Per Diem | | | | | |
| Film 3 1/2 x 17 | | | | | |
| TRUCK | | | | | |
| DISPOSAL | | | | | |
| AR RCVD | | | | | |
| OCT 09 2014 | | | | | |
| Disc # | | | | | |
| TEAM VIXR INFO | | Total Price: | | | |
| Site Supervisor: | | Email Addresses Customer: | | | |
| Phone: | | Field Supervisor | | | |
| Email: | | Financial Supervisor | | | |



CUSTOMER PRINT NAME

SIGNATURE

10/01/2014

BK-D-250

Field Ticket

| | | | |
|--|----------------------------|-----------|-----------------------------|
| | Contact Information | | |
| | Person Calling In: | | |
| | Company: | SoCal Gas | |
| | Phone/Cell #: | | |
| | Email: | | |
| | | | Department: Bakersfield, CA |
| | | | 7.0344.20141002.1 |

| | | | | | |
|------------------|---------------------------------|------------------------|--|--------------------------|----------|
| Customer #: | 107.CUS000852 | Axapta Work Report | | Date | Ticket # |
| Customer: | Southern California Gas Co. - 4 | 07/07/2014 10:20:17 AM | | 10/02/2014 | 1 |
| Street Address | [REDACTED] | Project Name: | | Customer Charge Code #1: | |
| City, State, Zip | | PSEP | | WOA# 82027 | |




| | | |
|---------------------------------------|----------------------------------|--------------------------|
| Job Location: | Authorized Rep and Phone Number: | Customer Charge Code #2: |
| Newhall Ave + Sierra Hwy, Newhall, CA | | |

| | | |
|------------------|-----------------------------------|--------------------------|
| Job Description: | Project Foreman and Phone Number: | Customer Charge Code #3: |
| RT as directed. | | |

[illegible]

| COMMENTS | | PRIMARY ITEMS | | QUANTITY |
|--|------------|-------------------------------|------------|----------|
| <div style="text-align: right;">AR RCVD</div> <div style="text-align: center; margin-top: 20px;">OCT 09 2014</div> <div style="margin-top: 20px;">DSC # [REDACTED]</div> | | Per Diem | [REDACTED] | |
| | | Film 3½ x 17 | [REDACTED] | |
| | | TUCK | [REDACTED] | |
| | | DISPOSAL | [REDACTED] | |
| | | | [REDACTED] | |
| | | | [REDACTED] | |
| | | | [REDACTED] | |
| TEAM VIXR INFO | | Total Price [REDACTED] | | |
| Site Supervisor: | [REDACTED] | Email Addresses Customer: | | |
| Phone: | [REDACTED] | Field Supervisor | [REDACTED] | |
| Email: | [REDACTED] | Financial Supervisor | [REDACTED] | |

| | | | |
|-------------|-----------------------|---------------------|-----------|
| Version #07 | Date Updated: 9.15.14 | By: Tabitha Vincent | 10.000304 |
|-------------|-----------------------|---------------------|-----------|

| | | |
|--|---|---|
|  | CUSTOMER PRINT NAME | SIGNATURE |
| |  |  10/02/2014 |

RECEIVED ✓ 920 OCT 09 2014
OCT 08 2014

BK-D-251

Field Ticket

[illegible]

CUSTOMER PRINT NAME

SIGNATURE

10/03/14

RECEIVED

Oct 08 2014

SHIP'D OCT 09 2014

BK-D-252

| Field Ticket | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--|---|--------------|--|-----------------|--|-----------------------|--|----------|--|-----------------------------------|--|----|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | Contact Information Person Calling In: [REDACTED] Company: SoCal Gas Phone/Cell #: [REDACTED] Email: [REDACTED] | | Department: Bakersfield, CA 7.0344.20141004.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Customer #: 107.CUS000852 Customer: Southern California Gas Co. - 4 Street Address: [REDACTED] City, State, Zip: [REDACTED] | | Axapta Work Report <div style="background-color: #cccccc; height: 15px; width: 100%;"></div> Project Name: PSEP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Location: Newhall Ave + Sierra Hwy, Newhall, CA | | Date: 10/04/2014 Ticket #: 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Description: RT as directed. | | Authorized Rep and Phone Number: [REDACTED] Project Foreman and Phone Number: [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Customer Charge Code #1: WOA# 82027 Customer Charge Code #2: Customer Charge Code #3: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESOURCES | | CUSTOMER BILLED HOURS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Main Technician Name: <div style="background-color: black; color: black; height: 20px; width: 100%;"></div> Employee #: [REDACTED] | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Onshore</th> <th style="width: 15%;">Hour Type</th> <th style="width: 55%;">Type of Work</th> <th style="width: 15%;">TOTAL HRS</th> </tr> </thead> <tbody> <tr> <td></td> <td>OT</td> <td>X-Ray IR-192 Overtime</td> <td>[REDACTED]</td> </tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table> | | Onshore | Hour Type | Type of Work | TOTAL HRS | | OT | X-Ray IR-192 Overtime | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Onshore | Hour Type | Type of Work | TOTAL HRS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OT | X-Ray IR-192 Overtime | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Assistant 1 Name: <div style="background-color: black; color: black; height: 20px; width: 100%;"></div> Employee #: [REDACTED] | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Description</th> <th style="width: 15%;">Hour Type</th> <th style="width: 55%;">Type of Work</th> <th style="width: 15%;">TOTAL HRS</th> </tr> </thead> <tbody> <tr> <td>RT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OT</td> <td></td> <td>Included Assistant Hours Overtime</td> <td>[REDACTED]</td> </tr> <tr> <td>DT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TT</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | Description | Hour Type | Type of Work | TOTAL HRS | RT | | | | OT | | Included Assistant Hours Overtime | [REDACTED] | DT | | | | TT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description | Hour Type | Type of Work | TOTAL HRS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OT | | Included Assistant Hours Overtime | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assistant 2 Name: <div style="background-color: black; color: black; height: 20px; width: 100%;"></div> Employee #: [REDACTED] | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Description</th> <th style="width: 15%;">Hour Type</th> <th style="width: 55%;">Type of Work</th> <th style="width: 15%;">TOTAL HRS</th> </tr> </thead> <tbody> <tr> <td>RT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TT</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | Description | Hour Type | Type of Work | TOTAL HRS | RT | | | | OT | | | | DT | | | | TT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description | Hour Type | Type of Work | TOTAL HRS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="background-color: black; color: black; height: 40px; width: 100%;"></div> <div style="text-align: right; margin-top: 10px;"> AR RCVD OCT 09 2014 </div> </div> <div style="width: 45%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">PRIMARY ITEMS</th> <th style="width: 20%;">QUANTITY</th> </tr> </thead> <tbody> <tr><td>Per Diem</td><td>[REDACTED]</td></tr> <tr><td>Film 3 1/4 x 17</td><td>[REDACTED]</td></tr> <tr><td>TRUCK</td><td>[REDACTED]</td></tr> <tr><td>DISPOSAL</td><td>[REDACTED]</td></tr> <tr><td> </td><td>[REDACTED]</td></tr> <tr><td> </td><td>[REDACTED]</td></tr> <tr><td> </td><td>[REDACTED]</td></tr> <tr><td> </td><td>[REDACTED]</td></tr> </tbody> </table> </div> </div> | | | | PRIMARY ITEMS | QUANTITY | Per Diem | [REDACTED] | Film 3 1/4 x 17 | [REDACTED] | TRUCK | [REDACTED] | DISPOSAL | [REDACTED] | | [REDACTED] | | [REDACTED] | | [REDACTED] | | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIMARY ITEMS | QUANTITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Per Diem | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Film 3 1/4 x 17 | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRUCK | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISPOSAL | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEAM VIXR INFO <table style="width: 100%;"> <tr> <td style="width: 50%;"> Site Supervisor: [REDACTED] Phone: [REDACTED] Email: [REDACTED] </td> <td style="width: 50%; text-align: right;"> Total Price: [REDACTED] Email Addresses Customer: [REDACTED] Field Supervisor: [REDACTED] Financial Supervisor: [REDACTED] </td> </tr> </table> | | | | Site Supervisor: [REDACTED] Phone: [REDACTED] Email: [REDACTED] | Total Price: [REDACTED] Email Addresses Customer: [REDACTED] Field Supervisor: [REDACTED] Financial Supervisor: [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site Supervisor: [REDACTED] Phone: [REDACTED] Email: [REDACTED] | Total Price: [REDACTED] Email Addresses Customer: [REDACTED] Field Supervisor: [REDACTED] Financial Supervisor: [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CUSTOMER PRINT NAME <div style="background-color: black; color: black; height: 20px; width: 100%;"></div> | | SIGNATURE <div style="background-color: black; color: black; height: 20px; width: 100%;"></div> <div style="text-align: right; margin-top: 10px;">10/04/14</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



BK-D-253

not a S.M.

SHIP'D OCT 09 2014

Mail content report generated by COLLECTOR

From: [REDACTED]
[REDACTED]@[REDACTED].com>
Sent: Friday, December 05, 2014 11:43 AM
To: AP_Invoices_SCG
Subject: Re-Submit FW: SCG PO Invoice 31213
0
Attachments: COL_D5C47006.pdf

Please see the attached invoice not in your system.

From: [REDACTED]
Sent: Tuesday, November 04, 2014 3:14 PM
To: LongBeachPayables@[REDACTED].com
Subject: SCG PO Invoice 312130

Accounts Payable Department,

Please see attached invoice.

If you see any data that may have been entered incorrectly please forward back the email stating what the issue may be. I will be more than happy to correct the issue or find a

resolution to the best of my ability.

Rejected invoices need to be emailed to [REDACTED]

[REDACTED]@ [REDACTED] com .

Kindest regards,

[REDACTED]

Accounts Receivable Representative

[REDACTED]

[REDACTED]

[REDACTED]

E [REDACTED]@ [REDACTED] <mailto:[REDACTED]@[REDACTED]
com>

I www.[REDACTED]com <http://www.[REDACTED]com/>

How was my service? We appreciate any feedback you can
provide to help us improve, please email my Manager: [REDACTED]

[REDACTED]@[REDACTED].com

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

This e-mail is privileged, confidential and contains private

information.

Any reading, retention, distribution or copy of this communication by any person other than its intended recipient, is prohibited.

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

| Doc.Type : RS (Readsoft - LIV) Normal document | | | | | |
|--|--------------------------|--------------|------------|-------------|------|
| Doc. Number | 5100896531 | Company Code | 2200 | Fiscal Year | 2015 |
| Doc. Date | 10/28/2014 | Posting Date | 01/15/2015 | Period | 01 |
| Calculate Tax | <input type="checkbox"/> | | | | |
| Ref.Doc. | 107.PIN0312130 | | | | |
| Doc. Currency | USD | | | | |

| Itm | PK | Account | Account short text | Tx | CoCd | Cost Ctr | Order | Act | Amount | Text |
|-----|----|---------|----------------------|----|------|-----------|-------|-----|--------|----------------------------------|
| 1 | 31 | 28402 | | IO | 2200 | | | | - | |
| 2 | 81 | 6221110 | SRV-PSEP ENG & CONST | IO | 2200 | 2200-2432 | | | | Line45-120 Section 2 03.02.02 OP |

Southern California Gas Company
PO Box 30777
Los Angeles, CA 90030
Attn: [REDACTED]

Date: January 09, 2015
Project No: 464592
Client No: 050019
Invoice No: 381015896-D3
Contract No: [REDACTED]
Reference No: [REDACTED]

INVOICE

Professional Services August 30, 2014 through November 21, 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 | | | | |
| <div>Subcontractors</div> | | | | |
| <div>Subcontractors</div> | | | | |
| <div></div> | | | | |
| 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.: 381015896-D3
Billing Period: August 30, 2014 - November 21, 2014

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

LABOR

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

Subcontractor Costs

| | |
|----------------------------------|--|
| 9769 | |
| 9835 | |
| #16634 | |
| #16848 | |
| #16927 | |
| 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

Project No.: 464592

Invoice No.: 381015896-D3

Billing Period: August 30, 2014 - November 21, 2014

01.D3.15-Training SL 45-120

Subcontractor Costs

Inv. #16634

Total Subcontractor Costs

TOTAL AMOUNT DUE

Costs for the following are not included this period:

Regular Time Labor

Overtime Labor

Double-Time Labor

Expenses

Southern California Gas Company

Project No.: 464592
Invoice No.: 381015896-D3
Billing Period: August 30, 2014 - November 21, 2014

01.D3.20-Detailed Review SL 45-120

LABOR

| Employee Name | Classification | Bill Rate | Hours | Amount |
|------------------|------------------------|-----------|-------|--------|
| | Senior Planner | | | |
| | Mid Level Planner | | | |
| | Biological Resources | | | |
| | GIS/Doc Management | | | |
| | Cultural Resources SME | | | |
| | Cultural Resources | | | |
| | Biological Resources | | | |
| | Paleo Resources SME | | | |
| Total Labor | | | | |
| TOTAL AMOUNT DUE | | | | |

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.: 381015896-D3

Billing Period: August 30, 2014 - November 21, 2014

01.D3.30-Permitting SL 45-120

LABOR

| Employee Name | Classification | Bill Rate | Hours | Amount |
|---------------|-------------------------|-----------|-------|--------|
| | Senior Planner | | | |
| | Technical Editor | | | |
| | Mid Level Planner | | | |
| | GIS/Doc Management | | | |
| | Water Quality Resources | | | |
| | Technical Editor | | | |
| | GIS/Doc Management | | | |
| | Document Publishing | | | |
| | Air Quality Resources | | | |
| | Document Publishing | | | |
| | Senior Planner | | | |
| | Junior Level Planner | | | |
| | Document Publishing | | | |
| Total Labor | | | | |

Subcontractor Costs

| | | |
|---------------------------|----------|--|
| | 39769 | |
| | . #16634 | |
| | . #16848 | |
| 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

Project No.: 464592
Invoice No.: 381015896-D3
Billing Period: August 30, 2014 - November 21, 2014

01.D3.70-Monitoring SL 45-120

LABOR

| Employee Name | Classification | Bill Rate | Hours | Amount |
|---------------|---------------------------|-----------|-------|--------|
| | Senior Planner | | | |
| | Mid Level Planner | | | |
| | Health and Safety Support | | | |
| | Program Manager | | | |
| | Junior Level Planner | | | |
| | Cultural Resources | | | |
| | Air Quality Resources | | | |
| Total Labor | | | | |

Subcontractor Costs

Inv. #B183711
#39769
#39835

Total Subcontractor Costs

EXPENSES

Auto Rentals

Total Expense

TOTAL AMOUNT DUE

Costs for the following are not included this period:

Overtime Labor
Double-Time Labor

MPE PSEP - [REDACTED] Invoice Deliverable List

SoCalGas MPE Release Order: [REDACTED]
[REDACTED] Project/Task Identifier: 464592.01
Reporting Period: August 30 through November 21, 2014
PEC PM: [REDACTED]

Deliverables Completed within the Billing Period—During this reporting period, support was provided for the following deliverables:

| 08/30/2014 - 11/21/2014 |
|---|
| SWPPP Implementation Plan on September 3, 2014 |
| Test Water Discharge Monitoring Plan for Sections 2 and 3 on September 4, 2014 |
| Draft Environmental Clearance for Sections 2 and 3 on September 4, 2014 |
| Work Authorization Amendment for SWPPP Support for Sections 2 and 3 on September 8, 2014 |
| Mainline Valve Installations Exhibit Package for Section 2 on September 12, 2014 |
| Daily Field Forms for Segment 2 week ending September 12 on September 17, 2014 |
| Daily Field Forms for Segment 2 week ending September 26 on October 2, 2014 |
| Preconstruction Photo Documentation of Segment 2 on October 3, 2014 |
| Daily Field Forms for Segment 2 week ending September 26 on October 20, 2014 |
| Daily Field Forms for Segment 2 weeks ending September 19 and 26 on November 10, 2014 |
| Daily Field Forms for Segment 2 weeks ending October 4, 10, 18, and 25 on November 10, 2014 |
| Daily Field Forms for Segment 2 week ending November 1 on November 10, 2014 |

[illegible]

| Last Name | First Name | Thru Date | Project | Task Name | Sat Hours | Sat Notes | Sun Hours | Sun Notes | Mon Hours | Mon Notes | Tue Hours | Tue Notes | Wed Hours | Wed Notes | Thu Hours | Thu Notes | Fri Hours | Fri Notes |
|-----------|------------|------------|------------------|--------------------|-----------|-----------|-----------|-----------|-----------|--|-----------|---|-----------|--|-----------|--|-----------|---|
| | | 10/03/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | 0.1 | Weekly labor review | 0.2 | Weekly labor review | 0.1 | Weekly labor review. | 0.2 | Debarcades support. | | |
| | | 10/03/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | 1.0 | Subcontractor invoice review and monthly run-up. | | | 0.1 | Subcontractor weekly lookbacks. | 0.1 | Subcontractor weekly lookbacks. | 0.6 | Monthly invoice reporting |
| | | 10/10/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | | | 1.0 | Monthly invoice reporting | | | 0.2 | Monthly invoice reporting | | |
| | | 10/10/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | | | | | 0.5 | Subcontractor file maintenance. | | | | |
| | | 10/10/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | | | | | 1.0 | Subcontractor approvals. | | | | |
| | | 10/10/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | 1.0 | Review of [REDACTED] invoice for test lab services, compared the invoice cost to the MSA rate sheet and chain of custody forms, as well as reviewing subcontractor budget. | | | | | | | | |
| | | 10/10/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | | | 0.5 | [REDACTED] invoice review. | | | 0.5 | PO tracking | | |
| | | 10/10/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | 0.3 | Weekly labor review | 0.1 | Weekly labor review | | | 0.4 | Invoice summaries. | 0.2 | Invoice summaries. |
| | | 10/10/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | 0.2 | Monthly invoice reporting and weekly labor review. | 0.2 | Weekly labor review | 0.6 | Weekly labor review and monthly invoice reporting. | 0.1 | Monthly invoice reporting. | | |
| | | 10/10/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | 0.4 | Monthly invoice reporting | | | 0.2 | Subcontractor weekly lookbacks. | | | 0.5 | Monthly invoice reporting |
| | | 10/10/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | | | 1.0 | Monthly invoice reporting | | | 0.5 | Monthly invoice reporting | | |
| | | 10/17/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | 0.2 | Monthly labor review and monthly invoice support. | 0.2 | Monthly labor review and monthly invoice support. | 0.1 | Monthly labor review and monthly invoice support. | 0.3 | Monthly invoice support. | 0.2 | Monthly invoice support. |
| | | 10/17/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | | | 0.2 | Monthly invoice reporting | 0.2 | Monthly invoice reporting | 0.2 | Weekly labor review. | | |
| | | 10/17/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | | | | | 1.3 | Monthly invoice reporting | 0.2 | Subcontractor weekly lookbacks. | | |
| | | 10/17/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | | | | | | | 1.0 | Monthly invoice support | | |
| | | 10/24/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | 1.0 | Monthly invoice reporting | | | 0.5 | Monthly invoice reporting | | | | |
| | | 10/24/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | | | | | | | 0.5 | Prepared the September invoice summary. | 0.5 | Prepared the September invoice summary. |
| | | 10/24/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | 0.2 | Weekly labor review | | | | | 0.2 | Monthly invoice review. | | |
| | | 10/24/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | 0.2 | Weekly labor review | 0.4 | Monthly labor review and monthly invoice support. | 0.4 | Monthly invoice support. | 0.2 | Weekly labor review. | 0.1 | Weekly labor review. |
| | | 10/24/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | 0.1 | Monthly invoice reporting | 0.1 | Monthly invoice reporting | 0.2 | Monthly invoice reporting- subcontractor payment reconciliation. | 0.7 | Monthly invoice reporting- subcontractor payment reconciliation. | | |
| | | 10/24/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | 0.5 | Monthly invoice reporting | | | 1.0 | Monthly invoice reporting | | | 0.5 | Monthly invoice reporting |
| | | 10/31/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | | | 0.3 | Subcontractor invoice approvals. | | | | | | |
| | | 10/31/2014 | 4464592.01.03.10 | PROJ MSAIT -45-120 | | | | | | | | | | | | | | |

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| Last Name | First Name | Thru Date | Project | Task Name | Sat Hours | Sat Notes | Sun Hours | Sun Notes | Mon Hours | Mon Notes | Tue Hours | Tue Notes | Wed Hours | Wed Notes | Thur Hours | Thur Notes | Fri Hours | Fri Notes |
|-----------|------------|------------|-----------------|-------------------|-----------|-----------|-----------|-----------|-----------|--|-----------|---|-----------|---|------------|---|-----------|-------------------------------|
| | | 11/01/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | 1.0 | Preparing the August cost allocation reports and coordinating with [REDACTED] | | | | | | | | |
| | | 11/01/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | | | 1.0 | Prepared the August Cost Allocation reports to accompany the draft invoice. | 0.5 | Prepared the August Cost Allocation reports to accompany the draft invoice. | | | | |
| | | 11/01/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | 0.3 | Monthly invoice support. | 0.2 | Monthly invoice reporting. | 0.3 | Monthly invoice support. | 0.2 | Monthly invoice reporting. | 0.2 | Subcontractor invoice review. |
| | | 11/01/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | 0.7 | Weekly labor review and monthly invoice reporting. | 0.8 | Monthly invoice reporting. | 0.1 | Monthly invoice reporting. | 0.4 | Monthly invoice reporting. | 0.1 | Weekly labor review. |
| | | 11/01/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | 0.8 | Subcontractor invoice approval PO tracking. | 0.6 | Monthly invoice reporting. | 0.6 | Subcontractor weekly bookends and monthly invoice reporting. | 0.1 | Subcontractor weekly bookends. | | Monthly invoice reporting. |
| | | 11/01/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | 1.0 | Monthly invoice reporting. | | | 1.0 | Monthly invoice reporting. | | | | |
| | | 11/07/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | 0.5 | SC Project troubleshooting. | | | | | | | | |
| | | 11/07/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | | | | | | | | | | |
| | | 11/07/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | | | | | | | | | | |
| | | 11/07/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | 0.1 | Weekly labor review. | 0.2 | Weekly labor review. | 0.3 | Weekly labor review HRS documentation. | 0.4 | Weekly labor review. | | |
| | | 11/07/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | | | 0.7 | Monthly invoice reporting. | 0.7 | Subcontractor invoice review and monthly run-up. | 0.6 | Budget and PO tracking and subcontractor weekly bookends. | 0.1 | Weekly labor review. |
| | | 11/07/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | 0.5 | Sub Itle maintenance. | 1.0 | Monthly invoice reporting. | 2.0 | ITD mod | | | | |
| | | 11/14/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | 1.5 | SI - Subcontract Support S-45-120. SI Subcontractor invoice Support. | 0.4 | Subcontractor invoice S-45-120. | | | | | | |
| | | 11/14/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | 0.5 | Monthly invoice Support. | | | | | | | | |
| | | 11/14/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | 0.1 | Monthly invoice reporting. | | | 0.1 | Monthly invoice reporting. | | | | |
| | | 11/14/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | | | | | | | 0.5 | Monthly invoice reporting. | 0.4 | Monthly invoice reporting. |
| | | 11/14/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | | | | | | | | | | |
| | | 11/14/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | | | | | | | | | | |
| | | 11/14/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | 2.0 | Review and approval of the ITD. Meet for 45-120 bookends and project status discussion with [REDACTED] and subcontractor management support. | 0.5 | Assistance with PM transition. | 0.2 | Sub weekly bookends. | | | 1.0 | PO tracking. |
| | | 11/21/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | | | | | | | | | | |
| | | 11/21/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | | | | | | | | | | |
| | | 11/21/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | | | | | | | | | | |
| | | 11/21/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | 0.3 | Monthly invoice reporting. | 0.2 | Weekly labor review. | 0.4 | Monthly invoice reporting. | 0.1 | Monthly invoice reporting. | 0.1 | EXC |
| | | 11/21/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | | | | | | | | | | |
| | | 11/21/2014 | 464592.01.03.10 | PRCJ M5MT -45-120 | | | | | 1.0 | Monthly invoice reporting. | 0.8 | PO tracking. | 0.1 | Sub weekly bookends. | | | 0.8 | Monthly invoice reporting. |

| Last Name | First Name | Thru Date | Project | Task Name | Sat Hours | Sat Notes | Sun Hours | Sun Notes | Mon Hours | Mon Notes | Tue Hours | Tue Notes | Wed Hours | Wed Notes | Thu Hours | Thu Notes | Fri Hours | Fri Notes |
|-----------|------------|------------|------------------|------------------|-----------|-----------|-----------|-----------|-----------|---|-----------|--|-----------|--|-----------|--|-----------|--|
| | | 11/21/2014 | 464592 01 103 10 | PERM MGMT 45-120 | | | | | 1.0 | invoicing support | | | | | 1.0 | invoicing support | | |
| | | 11/21/2014 | 464592 01 103 10 | PERM MGMT 45-120 | | | | | | | 1.0 | Monthly Invoicing support. | | | | | 1.0 | Monthly Invoicing Support. |
| | | 10/10/2014 | 464592 01 103 20 | DER 45-120 | | | | | 1.0 | SS-3: Coordination w/ GIS, east, and SNECs and preparation of the DER revision for Section 2 redigment. | 1.0 | SS-3: Coordination w/ GIS, east, and SNECs and preparation of the DER revision for Section 2 redigment. | 2.0 | SS-3: Coordination w/ GIS, east, and SNECs and preparation of the DER revision for Section 2 redigment. | 2.0 | SS-3: Coordination w/ GIS, east, and SNECs and preparation of the DER revision for Section 2 redigment. | 1.0 | SS-3: Coordination w/ GIS, east, and SNECs and preparation of the DER revision for Section 2 redigment. |
| | | 10/10/2014 | 464592 01 103 20 | DER 45-120 | | | | | | | | | | | 0.5 | SS-3: Senior review of the biological section of the DER for 45-120 | | |
| | | 10/10/2014 | 464592 01 103 20 | DER 45-120 | | | | | | | 2.0 | SS-3: GIS biological and cultural analysis for 45-120 Section 2 HLR. | | | | | | |
| | | 10/10/2014 | 464592 01 103 20 | DER 45-120 | | | | | | | | | | | 4.0 | SS-3: DER biological sections. | | |
| | | 10/10/2014 | 464592 01 103 20 | DER 45-120 | | | | | | | | | | | 1.0 | SS-3: -45-120 Section 2 paleontological resources assessment and follow-up mitigation scoping | 3.0 | SS-3: -45-120 Section 2 paleontological resources assessment and follow-up mitigation scoping |
| | | 10/17/2014 | 464592 01 103 20 | DER 45-120 | | | | | | | | | | | | | 1.0 | SS-3: Senior review of section 2 cultural section of the DER |
| | | 10/17/2014 | 464592 01 103 20 | DER 45-120 | | | | | | | | | | | 3.0 | SS-3: Cultural section of the revised DER. | | |
| | | 10/24/2014 | 464592 01 103 20 | DER 45-120 | | | | | | | | | | | 3.0 | SS-3: DER development and coordination w/ [REDACTED] | | |
| | | 10/24/2014 | 464592 01 103 20 | DER 45-120 | | | | | | | | | | | | | 2.5 | SS-3: Draft and edit DER |
| | | 09/05/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | 1.0 | SS-3: Coordination with PM, EM, and subcontractor staff re development of the WEAP development. discharge plan | 1.0 | SS-3: Coordination with PM, EM, and subcontractor staff re development of the WEAP development. discharge plan | 1.0 | SS-3: Coordination with PM, EM, and subcontractor staff re development of the WEAP development. discharge plan | 1.0 | SS-3: Coordination with PM, EM, and subcontractor staff re development of the WEAP development. discharge plan |
| | | 09/05/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | | | | | 1.5 | SS-3: Formatting of Discharge Monitoring Plan for 45-120 (w/ [REDACTED]) | | |
| | | 09/05/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | 0.2 | SS-3: Discharge Monitoring Plan preparation. | 0.1 | SS-3: Discharge Monitoring Plan preparation. | | | | |
| | | 09/05/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | 1.0 | SS-3: Fugitive Dust/Vendor Options. | | | | | | |
| | | 09/05/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | | | | | | | | |
| | | 09/05/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | | | | | 1.0 | SS-3: EIR of Discharge Monitoring Plan for 45-120 Segments 2 and 3 | | |
| | | 09/05/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | | | | | 0.4 | SS-3: EIR Final sheet for Discharge Monitoring Plan for 45-120 Segments 2 and 3 | | |
| | | 09/26/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | | | | | | | 1.0 | SS-3: GIS support for DER, review of data |
| | | 09/26/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | 1.0 | SS-3: Revisions to DER. | | | | | | |
| | | 09/26/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | | | | | 1.0 | SS-3: Staff and GIS/data support. Data management. | | |
| | | 10/01/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | | | | | 3.0 | SS-3: DER preparation. | 0.5 | SS-3: DER preparation. |
| | | 10/01/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | | | | | | | | |
| | | 10/01/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | | | | | | | | |
| | | 10/01/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | | | | | | | | |
| | | 10/01/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | | | | | | | | |
| | | 11/07/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | | | | | | | 2.0 | SS-3: DER updates. |
| | | 11/14/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | | | | | 3.0 | SS-3: Senior review of DER. | | |
| | | 11/21/2014 | 464592 01 103 30 | PERM MGMT 45-120 | | | | | | | | | | | | | 2.0 | SS-3: DER Addendum. |

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[illegible]

| Last Name | First Name | Thru Date | Project | Task Name | Sat Hours | Sat Notes | Sun Hours | Sun Notes | Mon Hours | Mon Notes | Tue Hours | Tue Notes | Wed Hours | Wed Notes | Thu Hours | Thu Notes | Fri Hours | Fri Notes |
|-----------|------------|------------|-----------------|-------------------|-----------|-----------|-----------|-----------|-----------|--|-----------|--|-----------|--|-----------|---|-----------|--|
| | | 10/31/2014 | 484592.01.03.70 | MONITORING-45-120 | | | | | | | | | | | | | | |
| | | 10/31/2014 | 484592.01.03.70 | MONITORING-45-120 | | | | | | | 1.0 | Update water and soil sample tracking tool | | | 0.5 | SS-3: Compile and review daily field forms for weekly deliverables | 0.5 | SS-3: Compile and review daily field forms for weekly deliverables |
| | | 11/07/2014 | 484592.01.03.70 | MONITORING-45-120 | | | | | 4.0 | SI: Site visit | 1.0 | SI: Resolving CAVB requirements | 0.5 | SI: CAVB concerns | | | 1.0 | SI: CAVB permit issue and daily report review |
| | | 11/07/2014 | 484592.01.03.70 | MONITORING-45-120 | | | | | | | | | 1.0 | SS-3: Compile and review daily field forms for weekly deliverables | | | | |
| | | 11/07/2014 | 484592.01.03.70 | MONITORING-45-120 | | | | | | | | | 2.0 | SI: CAVB requirements research for out of state construction equipment | | | | |
| | | 11/14/2014 | 484592.01.03.70 | MONITORING-45-120 | | | | | 0.5 | SS-3: Project follow-up with Peter for transitioning | | | | | | | | |
| | | 11/14/2014 | 484592.01.03.70 | MONITORING-45-120 | | | | | 3.0 | Daily Field Reports review and calls to the monitor | 5.0 | SS-3: Weekly project meeting. Coordination with the monitor including schedule changes and CAVB compliance | | | 1.0 | SS-3: Call from monitor regarding dry inspection results and requirements | | |
| | | 11/14/2014 | 484592.01.03.70 | MONITORING-45-120 | | | | | | | 1.0 | SS-3: Coordinate w/ 2 Outreach regarding monitor observations and communication | | | | | | |
| | | 11/21/2014 | 484592.01.03.70 | MONITORING-45-120 | | | | | 1.0 | SS-3: Call to monitor and project schedule | | | 1.0 | SS-3: Daily report review | | | | |
| | | 11/21/2014 | 484592.01.03.70 | MONITORING-45-120 | | | | | | | | | | | 4.0 | SS-3: 45-120 Health and Safety Site Observations | 4.0 | SS-3: 45-120 Health and Safety Site Observations |
| | | 11/21/2014 | 484592.01.03.70 | MONITORING-45-120 | | | | | | | | | | | | | 0.5 | SS-3: Compile and review daily field forms for weekly deliverables |

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Project No.: 464592
Invoice Date: 1/9/2015



Detailed Report of Expenses
SL 45-120

| Task | Expenditure Type | Employee Name / Vendor | Exp. Date | Quantity | Bill Rate | Bill Amount | No. |
|-----------------|------------------|------------------------|-----------|----------|-----------|-------------|-----|
| 01.D3.10 | | | 09/26/14 | | | | 1 |
| 01.D3.10 | | | 11/21/14 | | | | 2 |
| 01.D3.10 | | | 09/30/14 | | | | 3 |
| 01.D3.10 | | | 10/31/14 | | | | 4 |
| 01.D3.10 | | | 11/30/14 | | | | 5 |
| 01.D3.15 | | | 09/30/14 | | | | 6 |
| 01.D3.30 | | | 09/26/14 | | | | 7 |
| 01.D3.30 | | | 09/30/14 | | | | 8 |
| 01.D3.30 | | | 10/31/14 | | | | 9 |
| 01.D3.70 | | Inv. #B183711 | 10/29/14 | | | | 10 |
| 01.D3.70 | | | 09/26/14 | | | | 11 |
| 01.D3.70 | | | 11/21/14 | | | | 12 |
| 01.D3.70 | Auto Rentals | | 09/11/14 | | | | 13 |
| SL 45-120 Total | | | | | | | |

Rental Agreement #:

Bill Ref #:

Invoice Date:

Account #:

8FGLQT

5500-0479-8912

09/12/2014

Supporting Documentation - [REDACTED] SL
45-120

BILL TO

RENTAL INFORMATION

Date/Time Out
09/11/2014 11:34 AM

Date/Time In
09/12/2014 02:57 PM

Realty

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out In |
|------------|------------|------------|------------|---------------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

CLAIM INFORMATION

Claim# / PO# / RO#

Insured

Date of Loss

Type of Loss

Type of Vehicle

Repair Shop

BILLING DETAIL

| Description | Qty/Per | Rate | Amount |
|---------------------|---------|------|--------|
| TIME & DISTANCE | 1 DAY | | |
| TIME & DISTANCE | 3 HR | | |
| FUEL SERVICE OPTION | 1 RNT | | |

Subtotal

| | |
|------------------------------|-----|
| CA TOURISM FEE | PCT |
| MOTOR VEHICLE FUEL SALES TA. | PCT |
| SALES TAX | PCT |

Total Charges (USD)

PAYMENTS

Payment Visa

Total Payments (USD)

Amount Due (USD)

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

Allocation for 45-120

For Billing Inquiries / Payment Terms :

Tel#:

Payment Due within days of invoice date

Late payments are subject to a finance charge.

Thank You For Choosing Enterprise

Please Return This Portion With Remittance

Remit To :

Amount Due (USD)

0

Paid By:

Account #

BK-D-273

Rental Agreement

8FGLQT

Amount

0

GPBR

32EK

15 of 52

VOICE SUMMARY

| | |
|---------------------|---------------|
| Invoice No.: | 39769 |
| Invoice Date: | 10/9/2014 |
| Period End Date: | 9/26/2014 |
| Consultant Job No.: | CH-SCPSEP-6 |
| P.O. No.: | 464592-1001-6 |
| P.O. Date: | 3/17/2014 |
| Terms: | |

PO Authorized Amount:

PO Spent to Date:

PO Contract Balance:

Please Remit to:

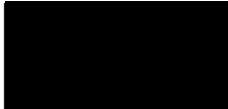
| Task Description | Authorized Amount | Current Billing | Billed to Date | Amount Remaining |
|---|-------------------|-----------------|----------------|------------------|
| Task 1: PM Support - PSEP SL45-120 464592.01.D3.10 | | | | |
| Task 2: Permitting Support - PSEP SL45-120 464592.01.D3.30 | | | | |
| Task 3: Construction Env Support - PSEP SL45-120 464592.01.D3.70 | | | | |
| Task 4: PM Support - PSEP SL45-120 Segments 2&3 464592.01.D3.10 | | | | |
| Task 5: EM Training - PSEP SL45-120 Segments 2&3 464592.01.D3.15 | | | | |
| Task 6: Permitting Support - PSEP SL45-120 Segments 2&3 464592.01.D3.30 | | | | |
| Task 7: Construction Env Support - PSEP SL45-120 Segments 2&3 464592.01.D3.70 | | | | |
| Project Totals | | | | |

Invoice



| | |
|---------------------|---------------|
| Invoice No.: | 39769 |
| Invoice Date: | 10/6/2014 |
| Period End Date: | 9/26/2014 |
| Consultant Job No.: | CH-SCPSEP-6 |
| P.O. No.: | 464592-1001-6 |
| P.O. Date: | 3/17/2014 |
| Terms: | [REDACTED] |

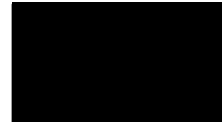
Bill To:



PO Authorized Amount:

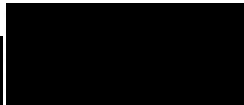
PO Spent to Date:

PO Contract Balance:



Please Remit to:

JOB LOCATION:



Task 4 - PM Support - PSEP SL45-120, Segment 2

| Name | Cat | Hours | Rate | Amount |
|------------|-----|------------|------|--------|
| [REDACTED] | PM3 | [REDACTED] | | |
| | PM1 | | | |

Task 4 - PM Support - PSEP SL45-120 Total



Task 6 - Environmental Review/Permitting Support - PSEP SL45-120, Segment 2

| Name | Cat | Hours | Rate | Amount |
|------------|-----|------------|------|--------|
| [REDACTED] | AS | [REDACTED] | | |

Task 6 - Permitting Support - PSEP SL45-120 Total



Task 7 - Construction Environmental Support - PSEP SL45-120, Segment 2

| Name | Cat | Hours | Rate | Amount |
|------------|-----|------------|------|--------|
| [REDACTED] | PM3 | [REDACTED] | | |
| | PM1 | | | |
| | JFM | | | |
| | AS | | | |
| | SFM | | | |

| Name | Expense | Units | Rate | Amount |
|------------|----------|------------|------|--------|
| [REDACTED] | Supplies | [REDACTED] | | |
| | Supplies | | | |
| | Per diem | | | |
| | Vehicle | | | |

Task 7 - Construction Environmental Support - PSEP SL45-120 Total



Invoice Total

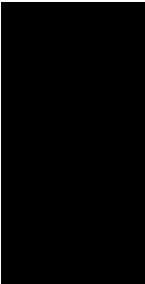


| | |
|---------------------|---------------|
| Invoice No.: | 39769 |
| Invoice Date: | 10/6/2014 |
| Period End Date: | 9/26/2014 |
| Consultant Job No.: | CH-SCPSEP-6 |
| P.O. No.: | 464592-1001-6 |
| P.O. Date: | 3/17/2014 |
| Terms: | |

Expense Detail

Task 4.4 - Construction Environmental Support - PSEP SL45-120, Segment 2

| Name | Expense | Date | Units | Rate | Amount |
|------|----------|-----------|-------|------|--------|
| | Supplies | 7/14/2014 | | | |
| | Supplies | 9/19/2014 | | | |
| | Vehicle | 9/25/2014 | | | |
| | Vehicle | 9/8/2014 | | | |
| | Vehicle | 9/9/2014 | | | |
| | Vehicle | 9/10/2014 | | | |
| | Vehicle | 9/11/2014 | | | |
| | Vehicle | 9/12/2014 | | | |
| | Vehicle | 9/13/2014 | | | |
| | Vehicle | 9/15/2014 | | | |
| | Vehicle | 9/16/2014 | | | |
| | Vehicle | 9/17/2014 | | | |
| | Vehicle | 9/18/2014 | | | |
| | Vehicle | 9/22/2014 | | | |
| | Vehicle | 9/23/2014 | | | |
| | Vehicle | 9/24/2014 | | | |
| | Per diem | 9/18/2014 | | | |
| | Per diem | 9/19/2014 | | | |
| | Per diem | 9/13/2014 | | | |
| | Per diem | 9/15/2014 | | | |
| | Per diem | 9/16/2014 | | | |
| | Per diem | 9/17/2014 | | | |
| | Per diem | 9/20/2014 | | | |
| | Per diem | 9/25/2014 | | | |
| | Per diem | 9/26/2014 | | | |
| | Per diem | 9/22/2014 | | | |
| | Per diem | 9/23/2014 | | | |
| | Per diem | 9/24/2014 | | | |
| | Per diem | 9/8/2014 | | | |
| | Per diem | 9/9/2014 | | | |
| | Per diem | 9/10/2014 | | | |
| | Per diem | 9/11/2014 | | | |
| | Per diem | 9/12/2014 | | | |
| | Vehicle | 9/17/2014 | | | |
| | Vehicle | 9/18/2014 | | | |
| | Vehicle | 9/19/2014 | | | |
| | Vehicle | 9/20/2014 | | | |
| | Vehicle | 9/25/2014 | | | |
| | Vehicle | 9/26/2014 | | | |
| | Vehicle | 9/8/2014 | | | |



Labor Hour Summary

| | |
|------------------|---------------|
| Invoice No.: | 39769 |
| Invoice Date: | 10/10/2014 |
| Period End Date: | 9/28/2014 |
| Job Number | SCPSEP-6 |
| P.O. No.: | 454592-1001-6 |
| P.O. Date: | 3/17/2014 |

| Employee | Thru Date | Client Task Number | Sat Hours | Sun Hours | Mon Hours | Tues Hours | Wed Hours | Thurs Hours | Fri Hours | Sat Notes | Sun Notes | Mon Notes | Tues Notes | Wed Notes | Thurs Notes | Fri Notes |
|--|-----------|--------------------|-----------|-----------|-----------|------------|-----------|-------------|-----------|-----------|---|-------------------------------------|-------------------------------|----------------------------|-----------------------------------|-----------------------------|
| Task 4: Project Management Support | | | | | | | | | | | | | | | | |
| | 5-Sep | 01.D3.10 | | | 1 | | | | 0.5 | | | | S2: Weekly look back | | | S2: MOD for SWPPP coverage |
| | 12-Sep | 01.D3.10 | | | 2 | | | | | | | | S2: Weekly look back, invoice | | | |
| | 19-Sep | 01.D3.10 | | | | 1 | | | | | | | | | S2: Weekly/look back | |
| | 26-Sep | 01.D3.10 | | 1 | | | 1 | | | | | S2: Prepare weekly lookback | | S2: Prepare August invoice | S2: Prepare August invoice | |
| | 26-Sep | 01.D3.10 | | | | 1 | | | | | | | | | | |
| Task 6: Permitting Support | | | | | | | | | | | | | | | | |
| | 12-Sep | 01.D3.30 | | 3 | | | | | | | S2: Reviewing site specific documents, gathering supplier | | | | | |
| | | | | | | | | | | | | | | | | |
| Task 7: Construction Environmental Support | | | | | | | | | | | | | | | | |
| | 5-Sep | 01.D3.70 | | | | | | | 1 | | | | | | | S2: Scheduling and staffing |
| | 12-Sep | 01.D3.70 | | 1 | | | | | | | | S2: field staffing and coordination | | | | |
| | 12-Sep | 01.D3.70 | | | | 1 | | | | | | | | | S2: Field staffing and scheduling | |
| | 19-Sep | 01.D3.70 | | | 1 | 1 | 1 | 1 | 1 | | | S2: PM weekly support | S2: PM weekly support | S2: Weekly/look back | S2: Scheduling and planning | |

Labor Hour Summary

| | |
|------------------|--------------|
| Invoice No.: | 39769 |
| Invoice Date: | 10/10/2014 |
| Period End Date: | 02/28/2014 |
| Job Number | CPSEP-6 |
| P.O. No.: | 45452-1001-6 |
| P.O. Date: | 3/17/2014 |

| Employee | Thru Date | Client Task Number | Sat Hours | Sun Hours | Mon Hours | Tues Hours | Wed Hours | Thurs Hours | Fri Hours | Sat Notes | Sun Notes | Mon Notes | Tues Notes | Wed Notes | Thurs Notes | Fri Notes |
|----------|-----------|--------------------|-----------|-----------|-----------|------------|-----------|-------------|-----------|--|-----------|--|--|--|---|---|
| | 19-Sep | 01.D3.70 | | | | | 2.5 | 10.75 | 10.75 | | | | | S2: EM duties (training) | S2: EM duties | S2: EM duties |
| | 26-Sep | 01.D3.70 | 1 | | | 2.5 | | | | S2: PM support of EM onsite and review field forms | | | | S2: PM support of EM onsite and review field forms | | |
| | 26-Sep | 01.D3.70 | | | | | | 6 | | | | | | | S2: EM duties | S2: EM duties |
| | 26-Sep | 01.D3.70 | 11 | | | | | 6 | 11 | S2: EM duties | | | | | | |
| | 5-Sep | 01.D3.70 | | | | 2 | | 2 | | | | | S2: Review site specific documents | | S2: Review site specific documents | |
| | 12-Sep | 01.D3.70 | | | 11.5 | 11.5 | 11.5 | 11.5 | 11.5 | | | S2: EM duties, WEAP and SWPPP training, site grading | S2: EM duties include potholing, site grading | S2: EM duties include potholing, site grading, material delivery, pipe welding | S2: EM duties include potholing, site grading, material delivery, pipe welding, asphalt removal | S2: EM duties include potholing, site grading, material delivery, pipe welding, asphalt removal, excavating |
| | 19-Sep | 01.D3.70 | 9.5 | | 11 | 11.5 | 11.5 | 5.5 | | S2: EM monitoring of excavation, pipe installation, and asphalt grinding | | S2: EM monitoring of excavation, pipe installation, and asphalt grinding | S2: EM monitoring of excavation, pipe installation, and asphalt grinding | S2: EM monitoring of excavation, pipe installation, and asphalt grinding | S2: EM monitoring of excavation, pipe installation, and asphalt grinding | S2: EM monitoring of excavation, pipe installation, and asphalt grinding |
| | 26-Sep | 01.D3.70 | | | 11.5 | 11.5 | 11.5 | | | | | S2: EM duties included pipe excavation, pipe laydown, welding | S2: EM duties included pipe excavation, pipe laydown, welding | S2: EM duties included pipe excavation, pipe laydown, welding | | |
| | 12-Sep | 01.D3.70 | | | 7 | | | | | | | S2: EM duties pre-on site walk, BMP investigation | | | | |

INVOICE NUMBER 8923411

DATE: 07/14/2014

Page: 1

SEP 17 2014
RECEIVED

JUL 18 2014

071414

Set Seg: 828

Tray: 9

DETACH HERE

Original

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O

RECEIVED

JUL 23 2014

| | | | |
|-----------------------|------------------------------|-----------|------------|
| INVOICE NO | 8923411 | DATE: | 07/14/2014 |
| PURCHASE ORDER NUMBER | 7/11/14 | | |
| TERMS | Days From Invoice Date | | |
| FREIGHT | Prepay And Bill Customer | | |
| CARRIER | UPS1-UPS1**UPS -Next Day-Air | | |
| ACCOUNT | 40127808 | Remit to: | |
| REF. NO. | 313254262-1 | | |

These commodities are sold, packaged, marked, and labeled for distribution in the United States. Exportation of these commodities may require special licensing, packaging, marking or labeling.

| LN# | PRODUCT DESCRIPTION | ITEM NO. | QUANTITY | UNIT PRICE | EXT. PRICE |
|---------------------------------------|-----------------------------|----------|----------|------------|------------|
| 1 | REAGENT SET, CHLORINE (F&T) | 2459500 | | | |
| *TRACKING NUMBERS: 1Z8A89V00114977161 | | | | | |

ORDER CONTACT:

7149751165

Notes:

Chlorine Kit for water sampling was used at 3 sites. 1/3 of the cost applied to Task 7 for Line 45-120 sampling at segment 2.

SUBTOTAL

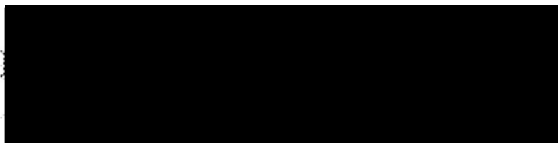
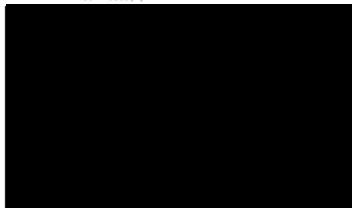
FREIGHT CHARGES

TAX

INVOICE TOTAL

PURCHASE AND ACCEPTANCE OF PRODUCT(S) SUBJECT TO HACH COMPANY'S TERMS AND CONDITIONS OF SALE,
PUBLISHED ON HACH COMPANY'S WEBSITE AT

For order discrepancies or product exchanges please call to obtain Return Authorization.



| | |
|----------------|-------------------|
| 1-824069 | |
| INVOICE | |
| Sales Date: | 8/18/2014 4:32 PM |
| Invoice Date: | 8/19/2014 |
| Payment Due: | 10/18/2014 |
| Delivery Date: | |
| Pickup Date: | |
| Order Terms: | |
| P.O. #: | |
| Job #: | |

ENTERED

SEP 24 2014

Ship To: WILL CALL



Customer Information



| | | | |
|-----------|--------------------------|--------------|-------------|
| Ship Via | Customer Drivers License | Work Phone # | Fax Phone # |
| WILL CALL | | | |

| Customer # | Authorized Contact Name | Contact Phone # | Sales Person Name | Employee Name | | | | |
|------------------------------------|-------------------------|-----------------|-------------------|---------------|---------|----------|-------|----------|
| 413 | | | | | | | | |
| Desc/Spec | Qty Out | Qty In | Daily | Weekly | Monthly | Per Unit | Total | Extended |
| Buffer pH 4.00+-0.01 at 25C 500mL | 2.00 | | | | | | | |
| Item ID: AQUA / AQUA-ENVBUS004-P | | | <- Sales -> | | | | | |
| Buffer pH 7.00+-0.01 at 25C 500mL | 2.00 | | | | | | | |
| Item ID: AQUA / AQUA-ENVBUS007-P | | | <- Sales -> | | | | | |
| Buffer pH 10.00+-0.01 at 25C 500mL | 2.00 | | | | | | | |
| Item ID: AQUA / AQUA-ENVBUS010-P | | | <- Sales -> | | | | | |

RECEIVED

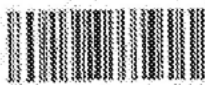


pH meter calibration buffer used at 2 sites.
1/2 cost applied to task 7 for sampling at
line 45-120 segment 2

| | |
|--|-----------------------------|
| Order Terms: | |
| I have read and understand the terms and conditions on both sides of this agreement and certify that those printed on the other side are agreed to as if printed above my signature. There are no oral or other representations not included herein. Unless declined, I also agree to the damage waiver charges. I have received a copy of this agreement. | |
| Customer Signature _____ | Damage Waiver Decline _____ |

X _____
Customer Signature

| |
|---|
| HOURS: Monday - Friday 7:00am - 5:00pm Closed Saturday and Sunday |
|---|



| |
|-------------------|
| Merchandise Sales |
| Sub Total |
| Tax |
| Order Total |
| Amount Paid |
| Amount Due |

INVOICE SUMMARY

| | |
|---------------------|---------------|
| Invoice No.: | 39835 |
| Invoice Date: | 12/10/2014 |
| Period End Date: | 11/21/2014 |
| Consultant Job No.: | CH-SCPSEP-06 |
| P.O. No.: | 464592-1001-6 |
| P.O. Date: | 03/17/2014 |
| Terms: | |

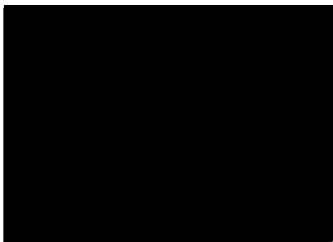
Bill To:

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

JOB LOCATION:

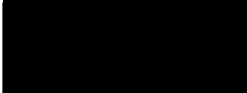
Please Remit to:

| Task Description | Authorized Amount | Current Billing | Previous Billed | Amount Remaining |
|---|-------------------|-----------------|-----------------|------------------|
| Task 1 - PM Support - SL45-120 464592.01.D3.10 | | | | |
| Task 2-Environmental Support - SL45-120 464592.01.D3.30 | | | | |
| Task 3 - Construction Support - SL45-120 464592.01.D3.70 | | | | |
| Task 4.1-PM Support - SL45-120 S2, S3 464592.01.D3.10 | | | | |
| Task 4.2-EM Training - SL45-120 S2, S3 464592.01.D3.15 | | | | |
| Task 4.3-Precon/Permit Support - SL45-120 S2, S3 464592.01.D3.30 | | | | |
| Task 4.4-Construct Monitoring - SL45-120 S2, S3 464592.01.D3.70 | | | | |
| Project Totals | | | | |

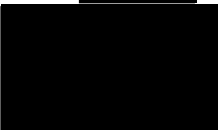


| | |
|---------------------|---------------|
| Invoice No.: | 39835 |
| Invoice Date: | 12/10/2014 |
| Period End Date: | 11/21/2014 |
| Consultant Job No.: | CH-SCPSEP-06 |
| P.O. No.: | 464592-1001-6 |
| P.O. Date: | 03/17/2014 |
| Terms: | |

Bill To:



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



JOB LOCATION:



Please Remit to:



Task 4.1-PM Support - SL45-120 S2, S3 - 464592.01.D3.10

| Name | Cat | Hours | Rate | Amount |
|------|-----|-------|------|--------|
| | PM1 | | | |
| | PM3 | | | |

Task 4.1-PM Support - SL45-120 S2, S3 - 464592.01.D3.10 Total



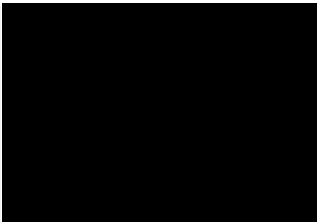
Task 4.4-Construct Monitoring - SL45-120 S2, S3 - 464592.01.D3.70

| Name | Cat | Hours | Rate | Amount |
|------|-----|-------|------|--------|
| | SFM | | | |
| | PM1 | | | |
| | PM3 | | | |
| | JFM | | | |
| | PM1 | | | |
| | JFM | | | |
| | AS | | | |
| | JFM | | | |

| Name | Expense | Units | Rate | Amount |
|-----------------------|---------|-------|------|----------|
| EnviroSupply Services | M | | | 1 948 05 |
| Per diem | E | | | |
| Per diem | E | | | |
| Per diem | E | | | |
| Per diem | E | | | |
| Vehicle - | E | | | |
| Vehicle - | E | | | |
| Vehicle - | E | | | |
| Vehicle - | E | | | |
| Vehicle - | E | | | |
| Vehicle - | E | | | |

Task 4.4-Construct Monitoring - SL45-120 S2, S3 - 464592.01.D3.70 Total





| | |
|---------------------|---------------|
| Invoice No.: | 39835 |
| Invoice Date: | 12/10/2014 |
| Period End Date: | 11/21/2014 |
| Consultant Job No.: | CH-SCPSEP-06 |
| P.O. No.: | 464592-1001-6 |
| P.O. Date: | 03/17/2014 |
| Terms: | |

Bill To:



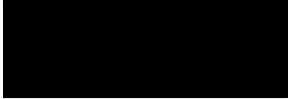
PO Authorized Amount:
PO Spent to Date:
PO Contract Balance:



JOB LOCATION:



Please Remit to:



Invoice Total



Expense Detail

Invoice No.: 39835
 Invoice Date: 12/2/2014
 Period End Date: 11/21/2014
 Consultant Job No.: CH-SCPSEP-6
 P.O. No.: 464592-1001-6
 P.O. Date: 3/17/2014
 Terms:

Task 4.4 - Construction Monitoring Support - PSEP SL45-120, Segment 2 and 3

| Name | Expense | Date | Units | Rate | Amount |
|-----------------------|----------------|------------|-------|------|--------|
| EnviroSupply Services | Materials cost | 10/7/2014 | | | |
| EnviroSupply Services | Materials cost | 11/13/2014 | | | |
| EnviroSupply Services | Materials cost | 11/20/2014 | | | |

| Name | Expense | Date | Units | Rate | Amount |
|------|----------|------------|-------|------|--------|
| | Per diem | 10/8/2014 | | | |
| | Per diem | 10/11/2014 | | | |
| | Per diem | 11/3/2014 | | | |
| | Per diem | 11/4/2014 | | | |
| | Per diem | 11/5/2014 | | | |
| | Per diem | 11/6/2014 | | | |
| | Per diem | 11/7/2014 | | | |
| | Per diem | 11/11/2014 | | | |
| | Per diem | 11/12/2014 | | | |
| | Per diem | 11/13/2014 | | | |
| | Per diem | 11/14/2014 | | | |
| | Per diem | 9/29/2014 | | | |
| | Per diem | 9/30/2014 | | | |
| | Per diem | 10/1/2014 | | | |
| | Per diem | 10/25/2014 | | | |
| | Per diem | 10/27/2014 | | | |
| | Per diem | 10/28/2014 | | | |
| | Per diem | 10/29/2014 | | | |
| | Per diem | 10/2/2014 | | | |
| | Per diem | 10/3/2014 | | | |
| | Per diem | 10/4/2014 | | | |
| | Per diem | 10/6/2014 | | | |
| | Per diem | 10/9/2014 | | | |
| | Per diem | 10/10/2014 | | | |
| | Per diem | 10/13/2014 | | | |
| | Per diem | 10/14/2014 | | | |
| | Per diem | 10/15/2014 | | | |
| | Per diem | 10/16/2014 | | | |
| | Per diem | 10/17/2014 | | | |
| | Per diem | 10/18/2014 | | | |
| | Per diem | 10/21/2014 | | | |
| | Per diem | 10/22/2014 | | | |
| | Per diem | 10/23/2014 | | | |
| | Per diem | 10/24/2014 | | | |
| | Per diem | 10/30/2014 | | | |
| | Per diem | 10/31/2014 | | | |
| | Vehicle | 11/15/2014 | | | |
| | Vehicle | 11/17/2014 | | | |
| | Vehicle | 11/18/2014 | | | |
| | Vehicle | 11/19/2014 | | | |
| | Vehicle | 11/21/2014 | | | |
| | Vehicle | 9/27/2014 | | | |
| | Vehicle | 9/29/2014 | | | |
| | Vehicle | 9/30/2014 | | | |
| | Vehicle | 10/1/2014 | | | |
| | Vehicle | 10/25/2014 | | | |
| | Vehicle | 10/27/2014 | | | |
| | Vehicle | 10/28/2014 | | | |
| | Vehicle | 10/29/2014 | | | |
| | Vehicle | 11/19/2014 | | | |
| | Vehicle | 11/20/2014 | | | |
| | Vehicle | 10/2/2014 | | | |
| | Vehicle | 10/3/2014 | | | |

Expense Detail

Invoice No.: 39835
Invoice Date: 12/2/2014
Period End Date: 11/21/2014
Consultant Job No.: CH-SCPSEP-6
P.O. No.: 464592-1001-6
P.O. Date: 3/17/2014
Terms: [REDACTED]

Task 4.4 - Construction Monitoring Support - PSEP SL45-120, Segment 2 and 3

| Name | | Expense | Date | Units | Rate | Amount |
|---------------|--|---------|------------|-------|------|--------|
| | | Vehicle | 10/4/2014 | | | |
| | | Vehicle | 10/6/2014 | | | |
| | | Vehicle | 10/7/2014 | | | |
| | | Vehicle | 10/9/2014 | | | |
| | | Vehicle | 10/10/2014 | | | |
| | | Vehicle | 10/13/2014 | | | |
| | | Vehicle | 10/14/2014 | | | |
| | | Vehicle | 10/15/2014 | | | |
| | | Vehicle | 10/16/2014 | | | |
| | | Vehicle | 10/17/2014 | | | |
| | | Vehicle | 10/18/2014 | | | |
| | | Vehicle | 10/21/2014 | | | |
| | | Vehicle | 10/22/2014 | | | |
| | | Vehicle | 10/23/2014 | | | |
| | | Vehicle | 10/24/2014 | | | |
| | | Vehicle | 10/30/2014 | | | |
| | | Vehicle | 10/31/2014 | | | |
| | | Vehicle | 11/1/2014 | | | |
| | | Vehicle | 10/20/2014 | | | |
| | | Vehicle | 11/10/2014 | | | |
| Expense Total | | | | | | |

Labor Hour Summary

| | |
|------------------|---------------|
| Invoice No.: | 39835 |
| Invoice Date: | 12/2/2014 |
| Period End Date: | 11/21/2014 |
| Job Number | CH-SCPSSEP-6 |
| P.O. No.: | 454592-1001-6 |
| P.O. Date: | 3/17/2014 |

| Employee | Thru Date | Client Task Number | Sat Hours | Sun Hours | Mon Hours | Tues Hours | Wed Hours | Thurs Hours | Fri Hours | Sat Notes | Sun Notes | Mon Notes | Tues Notes | Wed Notes | Thurs Notes | Fri Notes |
|--|-----------|--------------------|-----------|-----------|-----------|------------|-----------|-------------|-----------|-----------------|-----------------|---|---|---------------|---------------------|---------------------|
| Task 4.1: Project Management Support, SL45-120, Sections 2 and 3 | | | | | | | | | | | | | | | | |
| | 3-Oct-14 | 01.D3.10 | | | 0.50 | 1.00 | | | | | | S2: Prepare weekly lookback | S2: Planning and scheduling | | | |
| | 3-Oct-14 | 01.D3.10 | | | 0.50 | | | | | | | S2: Invoice review lookbacks | | | | |
| | 10-Oct-14 | 01.D3.10 | | | 1.00 | | | 1.00 | | | | | | | S2: Prepare invoice | |
| | 10-Oct-14 | 01.D3.10 | | | | | | | 1.50 | | | | | | | S2: Invoice review |
| | 17-Oct-14 | 01.D3.10 | | | | | 1.00 | | | | | | | | | |
| | 17-Oct-14 | 01.D3.10 | 1.50 | 1.00 | | | | | 0.50 | Prepare invoice | Prepare invoice | Prepare invoice | | | | S2: Revise invoice |
| | 24-Oct-14 | 01.D3.10 | | | 1.00 | | | | | | | Prepare invoice | | | | |
| | 31-Oct-14 | 01.D3.10 | | | | 1.00 | | | | | | | S2: Prepare weekly look back, invoicing | | | |
| | 31-Oct-14 | 01.D3.10 | | | 1.00 | | | | 0.50 | | | S2: Prepare invoice | | | | S2: Prepare invoice |
| | 7-Nov-14 | 01.D3.10 | | | 1.00 | | | | | | | S2: Prepare weekly look back, invoicing | | | | |
| Task 3: Permitting Support | | | | | | | | | | | | | | | | |
| Task 4.4: Construction Environmental Support, SL45-120, Sections 2 and 3 | | | | | | | | | | | | | | | | |
| | 3-Oct-14 | 01.D3.70 | 1.00 | | | | | | | S2: PM support | | | | | | |
| | 3-Oct-14 | 01.D3.70 | 9.00 | | 11.00 | 11.50 | 11.00 | | | S2: EM duties | | S2: EM duties | S2: EM duties | S2: EM duties | | S2: Report Review |
| | 3-Oct-14 | 01.D3.70 | | | | | | 11.50 | 11.50 | | | | | | | |
| | 3-Oct-14 | 01.D3.70 | | | | | | | 2.00 | | | | | | | |
| | 10-Oct-14 | 01.D3.70 | | | 9.50 | 9.50 | | | | | | | S2: EM duties | S2: EM duties | | |
| | 10-Oct-14 | 01.D3.70 | | | 1.00 | | 1.00 | | | | | | S2: PM support | | S2: PM support | |
| | 10-Oct-14 | 01.D3.70 | 11.00 | | 11.50 | 5.00 | | 11.50 | 11.00 | S2: EM duties | | S2: EM duties | S2: EM duties | | S2: EM duties | |
| | 10-Oct-14 | 01.D3.70 | | | | 3.00 | | | | | | | S2: Weekly PM support | | | |
| | 10-Oct-14 | 01.D3.70 | | | | | | | | | | | | | | |
| | 10-Oct-14 | 01.D3.70 | | | | | | | | | | | | | | |

[illegible]

| | |
|------------------|--------------|
| Invoice No.: | 39635 |
| Invoice Date: | 12/22/2014 |
| Period End Date: | 11/21/2014 |
| Job Number | CH-SCSEP-6 |
| P.O. No.: | 45452-1007-6 |
| P.O. Date: | 3/17/2014 |

| Employee | Thru Date | Client Task Number | Sat Hours | Sun Hours | Mon Hours | Tues Hours | Wed Hours | Thurs Hours | Fri Hours | Sat Notes | Sun Notes | Mon Notes | Tues Notes | Wed Notes | Thurs Notes | Fri Notes |
|----------|-----------|--------------------|-----------|-----------|-----------|------------|-----------|-------------|-----------|--|--|--|--|--|--|--|
| | 17-Oct-14 | 01.D3.70 | 10.00 | | | | | | | S2: EM monitoring horizontal borings, trenching, shoring, cold patching, paving, street sweeping | | | | | | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating |
| | 17-Oct-14 | 01.D3.70 | | | 11.00 | 11.00 | 11.00 | 11.00 | 11.00 | | | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating |
| | 24-Oct-14 | 01.D3.70 | | | | | | 1.00 | | | | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating |
| | 24-Oct-14 | 01.D3.70 | 11.00 | | | 11.00 | 11.00 | 11.00 | 11.00 | | | S2: OSP SWPPP inspection and EM duties | | | | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating |
| | 24-Oct-14 | 01.D3.70 | | 11.00 | | | | | | | | | | | | S2: Weekly PM support, review reports |
| | 24-Oct-14 | 01.D3.70 | | | | | | 0.50 | 3.00 | | | | | | | S2: Review SWPPP S2: Planning and scheduling |
| | 31-Oct-14 | 01.D3.70 | | | | | | | | | | | | | | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating |
| | 31-Oct-14 | 01.D3.70 | | | | | | 1.00 | | | | | | | | |
| | 31-Oct-14 | 01.D3.70 | 13.50 | 13.25 | 12.00 | 13.50 | | | | | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating |
| | 31-Oct-14 | 01.D3.70 | 13.50 | 13.25 | 12.00 | 13.50 | | | | | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating | | S2: EM monitoring horizontal drilling, excavations, welding, repavement, and coating |

Labor Hour Summary

| | |
|------------------|---------------|
| Invoice No.: | 39835 |
| Invoice Date: | 12/2/2014 |
| Period End Date: | 11/21/2014 |
| Job Number | CH-SCPSEP-6 |
| P.O. No.: | 454592-1001-6 |
| P.O. Date: | 3/17/2014 |

| Employee | Thru Date | Client Task Number | Sat Hours | Sun Hours | Mon Hours | Tues Hours | Wed Hours | Thurs Hours | Fri Hours | Sat Notes | Sun Notes | Mon Notes | Tues Notes | Wed Notes | Thurs Notes | Fri Notes | |
|----------|-----------|--------------------|-----------|-----------|-----------|------------|-----------|-------------|-----------|---|-----------|---|---|-----------|---|---|--|
| | 31-Oct-14 | 01.D3.70 | | | | | | 12.75 | 12.00 | | | | | | | S2: EM monitoring of horizontal drilling, excavations, welding, repavement and coating | S2: EM monitoring of horizontal drilling, excavations, welding, repavement and coating |
| | 7-Nov-14 | 01.D3.70 | | | | | | 1.00 | 0.50 | | | S2: EM monitoring of pot-holing, excavation, pipe-laying, boring, welding, paving, slurry fill. | S2: EM monitoring of pot-holing, excavation, pipe-laying, boring, welding, paving, slurry fill. | | S2: Review reports, planning and scheduling | S2: Planning and scheduling | |
| | 7-Nov-14 | 01.D3.70 | | | 13.00 | 11.50 | 11.50 | 11.50 | 12.00 | | | | | | | S2: EM monitoring of pot-holing, excavation, pipe-laying, boring, welding, paving, slurry fill. | S2: EM monitoring of pot-holing, excavation, pipe-laying, boring, welding, paving, slurry fill. |
| | 7-Nov-14 | 01.D3.70 | 5.00 | | | | | | | S2: EM monitoring, work was stopped early due to rain | | | | | | | S2: EM monitoring of pot-holing, excavation, pipe laying, welding, boring, asphalt paving, slurry fill |
| | 14-Nov-14 | 01.D3.70 | 13.75 | | | 8.00 | 11.50 | 11.50 | 12.00 | | | | | | | | S2: EM monitoring of pot-holing, excavation, pipe laying, welding, boring, asphalt paving, slurry fill |
| | 14-Nov-14 | 01.D3.70 | | | | 1.00 | | | 1.00 | | | | | | | | S2: EM support, review reports |
| | 14-Nov-14 | 01.D3.70 | | | 9.00 | | | | | | | | | | | | S2: EM monitoring of pot-holing, excavation, pipe laying, welding, boring, asphalt paving, slurry fill |
| | 14-Nov-14 | 01.D3.70 | | | 2.00 | | | | | | | | | | | | S2: Prepare reports |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |



Labor Hour Summary

| | |
|------------------|---------------|
| Invoice No.: | 39835 |
| Invoice Date: | 12/2/2014 |
| Period End Date: | 11/21/2014 |
| Job Number | CH-SCPSRP-6 |
| P.O. No.: | 454592-1001-6 |
| P.O. Date: | 3/17/2014 |

| Employee | Thru Date | Client Task Number | Sat Hours | Sun Hours | Mon Hours | Tues Hours | Wed Hours | Thurs Hours | Fri Hours | Sat Notes | Sun Notes | Mon Notes | Tues Notes | Wed Notes | Thurs Notes | Fri Notes |
|----------|-----------|--------------------|-----------|-----------|-----------|------------|-----------|-------------|-----------|--|-----------|---------------------------------|--|----------------------------------|--|--|
| | 21-Nov-14 | 01.D3.70 | 13.50 | | | | | | | S2: EM monitoring of pot-holing, pipe-laying, boring, welding, paving, and slurry fill | | | | | | |
| | 21-Nov-14 | 01.D3.70 | | | 8.00 | 9.00 | 10.00 | | 10.00 | | | S2: EM monitoring of excavation | S2: EM monitoring of excavation, slurry pour, paving | | S2: EM monitoring of excavation, slurry pour, paving | S2: EM monitoring of excavation, slurry pour, paving |
| | 21-Nov-14 | 01.D3.70 | | | 5.00 | | 9.50 | 12.50 | | | | S2: EM monitoring | | S2: EM monitoring of slurry pour | S2: EM monitoring of paving and slurry pour | |
| | 21-Nov-14 | 01.D3.70 | | | | | | | | | | | | | | |

1-524570

INVOICE

| | |
|----------------|-------------------|
| Rent Date: | 9/18/2014 7:00 AM |
| Invoice Date: | 10/7/2014 |
| Payment Due: | 12/6/2014 |
| Delivery Date: | 9/17/2014 2:00 PM |
| Pickup Date: | |
| Order Terms: | |
| PO #: | 0006 |
| Job #: | |

Ship To: BTIC ENGINEERING

Customer Information

| | | | |
|------------------------------|---------------------------|------------------|--------------------|
| Ship Via: | Customer Drivers License: | Work Phone #: | Fax Phone #: |
| COURIER | | | |
| Customer #: | Authorized Contact Name: | Contact Phone #: | Sales Person Name: |
| 413 | | | |
| Employee Name: | | | |
| Description: | Qty. Out: | Qty. In: | Daily |
| CALIBRATION KIT SINGLE GAS | | | |
| Item ID: ESS-CALKIT-IR1 | | | |
| Rent Date: 9/18/2014 7:00 AM | | | |
| Serial: CAL KIT3 | | | |
| Notes: ISO 100PPM | | | |
| MINIRAE 3000 | | | |
| Item ID: RA-050-B110-IR0 | | | |
| Rent Date: 9/18/2014 7:00 AM | | | |
| Serial: 502-003571 | | | |
| Notes: ISO 100PPM | | | |

<<< Rental >>>

OCT 13 2014

<<< CYCLE BILLED FOR 09/18/2014 THROUGH 10/16/2014 >>>

Order Notes

RECEIVED
OCT 08 2014
BY:

Order Terms

I have read and understand the terms and conditions on both sides of this agreement and certify that those printed on the other side are agreed to as if printed above my signature. There are no oral or other representations not included herein. Unless declined, I also agree to the damage waiver charges. I have received a copy of this agreement.

Customer Signature _____ Damage Waiver Decline _____

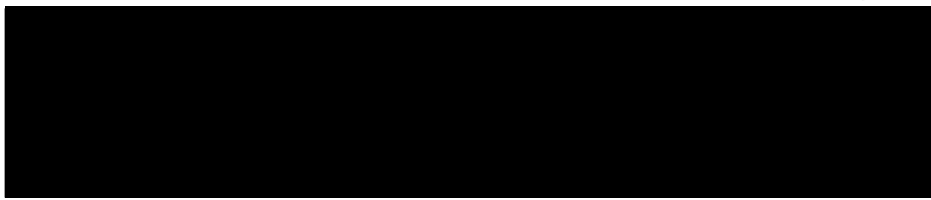
HOURS:
Monday - Friday 7:00am - 5:30pm
Closed Saturday and Sunday

X

Customer Signature



Rental Charges:
Damage Waiver:
Sub Total:
Tax:
Order Total:
Amount Paid:
Amount Due:

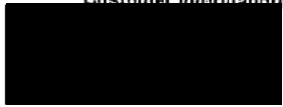


| | |
|----------------|--------------------|
| 1-524570-2 | |
| INVOICE | |
| Rent Date: | 10/16/2014 8:00 AM |
| Invoice Date: | 11/4/2014 |
| Payment Due: | 1/3/2015 |
| Delivery Date: | |
| Pickup Date: | |
| Order Terms: | |
| PO #: | 0008 |
| Job #: | |

Ship To: ETIC ENGINEERING



Customer Information



| | | | |
|----------|--------------------------|--------------|-------------|
| Ship Via | Customer Drivers License | Work Phone # | Fax Phone # |
| COURIER | | | |

| | | | |
|------------|-------------------------|---------------|-------------------|
| Customer # | Authorized Contact Name | Contact Phone | Sales Person Name |
| 413 | | | |

| | |
|--|--|
| Description | |
| CALIBRATION KIT SINGLE GAS | |
| Item ID: ESS-CALKIT-IR1 | |
| Rent Date: 10/16/2014 8:00 AM | |
| Serial: CAL KIT3 | |
| Notes: ISO 100PPM | |
| MINIRAE 3000 | |
| Item ID: RA-059-B110-IR23 | |
| Rent Date: 10/16/2014 8:00 AM | |
| Serial: 592-904012 | |
| Notes: ISO 100PPM 10/17-SWAPPED OUT UNIT OLD SN:592-903571 | |

<<< CYCLE BILLED FOR 10/16/2014 THROUGH 11/13/2014 >>>

Order Notes:



ENTERED
NOV 13 2014

RECEIVED
4 NOV 06 2014
BY:

Order Terms:

I have read and understand the terms and conditions on both sides of this agreement and certify that those printed on the other side are agreed to as if printed above my signature. There are no oral or other representations not included herein. Unless declined, I also agree to the damage waiver charges. I have received a copy of this agreement.

Customer Signature _____ Damage Waiver Decline _____

X

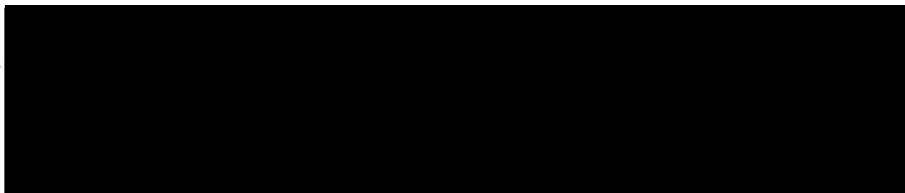
Customer Signature

HOURS:
Monday - Friday 7:00am - 5:30pm
Closed Saturday and Sunday



| |
|-----------------|
| Rental Charges: |
| Damage Waiver: |
| Sub.Total: |
| Tax: |
| Order Total: |
| Amount Paid: |
| Amount Due: |





| | |
|----------------|--------------------|
| 1-524570-3 | |
| INVOICE | |
| Rent Date: | 11/13/2014 8:00 AM |
| Return Date: | 11/14/2014 3:30 PM |
| Invoice Date: | 11/18/2014 |
| Payment Due: | 1/17/2015 |
| Delivery Date: | |
| Pickup Date: | |
| Order Terms: | |
| PO #: | 0006 |
| Job #: | |

Ship To: ETIC ENGINEERING

Customer Information



| | | | |
|----------|--------------------------|--------------|-------------|
| Ship VIA | Customer Drivers License | Work Phone # | Fax Phone # |
| COURIER | | | |

| | | | | |
|-------------|-------------------------|-----------------|-------------------|-------------------|
| Customer # | Authorized Contact Name | Contact Phone # | Sales Person Name | Alt Employee Name |
| 413 | | | | |
| Description | | | | |

CALIBRATION KIT SINGLE GAS

Item ID: EGS-CALKIT-IR1

Rent Date: 11/13/2014 8:00 AM

Serial: CAL KIT3

Notes: ISO 100PPM

MINIRAE 3000

Item ID: RA-050-B110-IR23

Rent Date: 11/13/2014 8:00 AM

Serial: 692-004912

Notes: ISO 100PPM 10/17- SWAPPED OUT UNIT CLD SN:692-903571

Order Notes:

RECEIVED
1 NOV 18 2014
BY:

Order Terms:

I have read and understand the terms and conditions on both sides of this agreement and certify that those printed on the other side are agreed to as if printed above my signature. There are no oral or other representations not included herein. Unless declined, I also agree to the damage waiver charges. I have received a copy of this agreement.

Customer Signature _____ Damage Waiver Decline _____

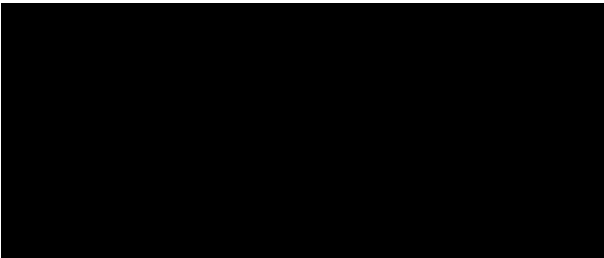
X

Customer Signature

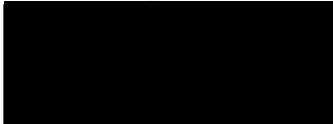
HOURS:
Monday - Friday 7:00am - 5:30pm
Closed Saturday and Sunday



| | |
|-----------------|--|
| Rental Charges: | |
| Damage Waiver: | |
| Sub Total: | |
| Tax: | |
| Order Total: | |
| Amount Paid: | |
| Amount Due: | |



Accounts Payable



December 12, 2014
Project: No: 1398-8
Invoice No: 16927

Project Manager: [Redacted]
Project: 1398-8

PSEP Hydro Test Monitoring Supply Line SL45-120. PO#464592-1002-8,
M0001 (Rev#6). MSA 464592-1002. POC: [Redacted]

Professional Services for the Period: November 01, 2014 to November 30, 2014

Phase: 01 [Redacted] shall provide general environmental planning and field monitoring support
for Supply Line SL45-120.

Task: 1 Project Management and Health & Safety Support for SL45-120. Project No.
464592.01.D3.10.

Professional Personnel

| | Hours | Rate | Amount |
|------------------------------------|-------|------|--------|
| Principal | | | |
| Project Manager/Coordinator | | | |
| Senior SWPPP/Env/Bio Field Monitor | | | |
| Administrative/Clerical Support | | | |
| Totals | | | |
| Total Labor | | | |

BILLING LIMITS

| | Current | Prior | To-Date |
|------------------|---------|-------|---------|
| Total Billings | | | |
| Contract Maximum | | | |
| Remaining | | | |
| Task Totals: | | | |

Task: 2 Stormwater and Environmental Monitor Training for SL45-120. Project No.
464592.01.D3.15.

BILLING LIMITS

| | Current | Prior | To-Date |
|------------------|---------|-------|---------|
| Total Billings | | | |
| Contract Maximum | | | |
| Remaining | | | |

| | | | | |
|---------|--------|------------------------------------|---------|-------|
| Project | 1398-8 | PSEP HydroTest Monitor Line 45-120 | Invoice | 16927 |
|---------|--------|------------------------------------|---------|-------|

Task Totals: 0.00

Task: 3 Environmental Clearance / Permitting & Pre-construction Planning Support for SL45-120. Project No. 464592.01.D3.30.

BILLING LIMITS

| | Current | Prior | To-Date |
|------------------|---------|-------|---------|
| Total Billings | 0.00 | | |
| Contract Maximum | | | |
| Remaining | | | |

Task Totals:

Task: 4 Environmental Monitoring Support for SL45-120. Project No. 464592.01.D3.70.

BILLING LIMITS

| | Current | Prior | To-Date |
|------------------|---------|-------|---------|
| Total Billings | 0.00 | | |
| Contract Maximum | | | |
| Remaining | | | |

Task Totals:

Phase Totals:

TOTAL INVOICE AMOUNT DUE:

BILLING SUMMARY

Balance Due on Prior Invoices

| Number | Date | Balance |
|--------------|------------|---------|
| 16379 | 10/17/2014 | |
| 16634 | 12/3/2014 | |
| 16848 | 12/9/2014 | |
| Total | | |

All invoices are due upon receipt. A late charge of [REDACTED] will be added to any unpaid balance after [REDACTED] days.

| Project Description | 3rd Party | Employees | Project Number | Task | Labor Category | Week End | Saturday Hours | Sunday Hours | Monday Hours | Tuesday Hours | Wednesday Hours | Thursday Hours | Friday Hours | Saturday Notes | Sunday Notes | Monday Notes | Tuesday Notes | Wednesday Notes | Thursday Notes | Friday Notes |
|---------------------|-----------|-----------|----------------|----------|--------------------------------------|------------|----------------|--------------|--------------|---------------|-----------------|----------------|--------------|----------------|--------------|---|---------------|-----------------|-----------------------|--|
| S-45-110 | | | 464592 | 01 D3 10 | G-Senior SW/SP/Env/Bio Field Monitor | 11/7/2014 | | | 0.25 | | | | | | | 1398-8 All Segments; Office PM time Budget Tracker spreadsheet update | | | | |
| S-45-110 | | | 464592 | 01 D3 10 | G-Principal G-Project | 11/28/2014 | | | | 0.25 | | | | | | | | FSJ Mod | | |
| S-45-110 | | | 464592 | 01 D3 10 | Manager/Coordinator | 11/21/2014 | | | | | | | 1.00 | | | | | | | PM support |
| S-45-110 | | | 464592 | 01 D3 10 | G-Administrative/Clerical Support | 11/7/2014 | | | | | | 0.25 | 0.25 | | | | | | monthly time-ups | monthly time-ups |
| S-45-110 | | | 464592 | 01 D3 10 | G-Administrative/Clerical Support | 11/14/2014 | | | | | | 0.25 | | | | | | | Monthly invoice prep. | monthly draft invoice; address overbudget issues |
| S-45-110 | | | 464592 | 01 D3 10 | G-Administrative/Clerical Support | 11/21/2014 | | | | | | | 0.25 | | | | | | | |

Accounts Payable

December 09, 2014

Project: No: 1398-8

Invoice No: 16848

Project Manager:

Project: 1398-8

PSEP Hydro Test Monitoring Supply Line SL45-120. PO#464592-1002-8, M0001 (Rev#6). MSA 464592-1002. POC:

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

Phase: 01 shall provide general environmental planning and field monitoring support for Supply Line SL45-120.

Task: 1 Project Management and Health & Safety Support for SL45-120. Project No. 464592.01.D3.10.

Professional Personnel

Administrative/Clerical Support

Totals

Total Labor

Hours Rate Amount

Consultants

Professional Services 10/1-10/31/14

Total Consultants

BILLING LIMITS

Total Billings

Contract Maximum

Remaining

Current

Task Totals:

Task: 2 Stormwater and Environmental Monitor Training for SL45-120. Project No. 464592.01.D3.15.

BILLING LIMITS

Total Billings

Contract Maximum

Remaining

Current

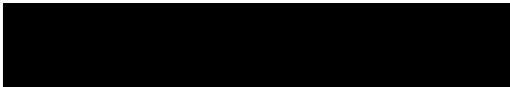
Prior

To-Date

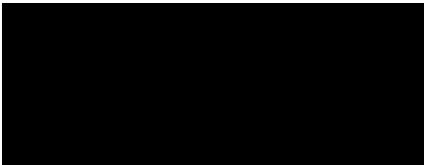
Task Totals:

Task: 3 Environmental Clearance / Permitting & Pre-construction Planning Support for SL45-120. Project No. 464592.01.D3.30.

Consultants



Professional Services 10/1-10/31/14



Total Consultants

1.0 times

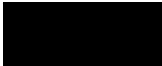
BILLING LIMITS

| Current | Prior | To-Date |
|---------|-------|---------|
|---------|-------|---------|

Total Billings
Contract Maximum
Remaining



Task Totals:



Task: 4 Environmental Monitoring Support for SL45-120. Project No. 464592.01.D3.70.

BILLING LIMITS

| Current | Prior | To-Date |
|---------|-------|---------|
|---------|-------|---------|

Total Billings
Contract Maximum
Remaining



Task Totals:



Phase Totals:

TOTAL INVOICE AMOUNT DUE:

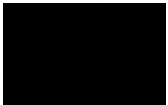
BILLING SUMMARY

| Current | Prior | Total |
|---------|-------|-------|
|---------|-------|-------|

Balance Due on Prior Invoices



| Number | Date | Balance |
|--------|------------|---------|
| 16379 | 10/17/2014 | |
| 16634 | 12/3/2014 | |
| Total | | |



All invoices are due upon receipt. A late charge of [REDACTED] will be added to any unpaid balance after [REDACTED]

Date: 12/31/2014
 Invoice #: 15646
 PSEP Line: S145-120
 Project #: 484732-1103-8
 Invoice Period: 10/1-10/31/14

| Project Description | 3rd Party | Employee | Project Number | Task | Labor Category | Week End | Saturday Hours | Sunday Hours | Monday Hours | Tuesday Hours | Wednesday Hours | Thursday Hours | Friday Hours | Saturday Notes | Sunday Notes | Monday Notes | Tuesday Notes | Wednesday Notes | Thursday Notes | Friday Notes |
|---------------------|-----------|----------|----------------|----------|-------------------------------------|------------|----------------|--------------|--------------|---------------|-----------------|----------------|--------------|----------------|--------------|---|-----------------------------------|---|---|---------------------------|
| S145-120 | | | 464592 | 01.D3.10 | G- Administrative/ Clerical Support | 10/3/2014 | | | | | | | 0.25 | | | | | | | monthly true-up prep |
| S145-120 | | | 464592 | 01.D3.10 | G- Administrative/ Clerical Support | 10/10/2014 | | | | | 0.25 | | 0.25 | | | | | prep monthly true-ups & subk invoice review | | Monthly invoice prep |
| S145-120 | | | 464592 | 01.D3.10 | G- Administrative/ Clerical Support | 10/17/2014 | | | | | | 0.25 | | | | | | | invoice prep/ Expense reports | |
| S145-120 | | | 464592 | 01.D3.10 | G- Administrative/ Clerical Support | 10/24/2014 | | | 0.25 | 0.25 | 0.25 | | | | | invoice prep | weekly reporting | weekly reporting & draft invoice prep | | |
| S145-120 | | | 464592 | 01.D3.10 | G- Administrative/ Clerical Support | 10/3/2014 | | | | | 0.75 | | | | | | | weekly report issues & revisions | | |
| S145-120 | | | 464592 | 01.D3.10 | G- Administrative/ Clerical Support | 10/10/2014 | | | | 0.25 | | | 0.25 | | | | weekly reporting/reporting issues | | | invoice review/correct |
| S145-120 | | | 464592 | 01.D3.10 | G- Administrative/ Clerical Support | 10/17/2014 | | | | | 0.25 | 0.25 | 0.25 | | | | | subk invoice review | wkly reporting revisions, subk inv review/revisions | monthly invoice submittal |
| S145-120 | | | 464592 | 01.D3.10 | G- Administrative/ Clerical Support | 10/24/2014 | | | | | 0.25 | 1.25 | 0.25 | | | | | draft invoice prep | draft monthly invoice | draft monthly invoice |
| S145-120 | | | 464592 | 01.D3.10 | G- Administrative/ Clerical Support | 10/31/2014 | | | 0.50 | 0.25 | | | | | | subk invoice revisions, draft invoice revisions | revise monthly draft invoice | | | |

DATE: 10/31/2014

INVOICE NO.: 21707

PROJECT NO./TASK: J-1398/8

PROJECT: PSEP Hydro Test Monitoring - Line SL 45-120

FOR CLIENT/CONTRACT: [REDACTED]

PROJECT MANAGER: [REDACTED]

PROJECT NO.: 14-00236

| TERMS | BILLING PERIOD: |
|------------|------------------------|
| [REDACTED] | 10/1/2014 - 10/31/2014 |

| PERSONAL - ROLE and TASK DESCRIPTION | DATE | HRS/NO. | RATE | AMOUNT |
|---|------------|---------|------|--------|
| TASK 01.D3.30: Permitting/Pre-Construction Support | | | | |
| Junior Env/Bio Field Monitor | | | | |
| S2: Office- Preparation for tree and biological survey for laydown yard | 10/14/2014 | | | |
| S2: Field- Travel to project site for survey and meeting | 10/15/2014 | | | |
| S2: Field- Meeting and survey of laydown yard for directional boring location, travel time | 10/16/2014 | | | |
| S2: Office- Preparation and submittal of tree survey report | 10/16/2014 | | | |
| Total Hours | | | | |
| Project Engineer/Scientist/Planner/Consultant | | | | |
| S2: Office- Client communication and scheduling for survey | 10/14/2014 | | | |
| Total Hours | | | | |
| Project Manager/Coordinator | | | | |
| S2: Office- Project management, coordination and scheduling for tree survey, health and safety review | 10/15/2014 | | | |
| Total Hours | | | | |
| TOTAL LABOR TASK: | | | | |
| REIMBURSABLE EXPENSES | | | | |
| Junior Env/Bio Field Monitor | | | | |
| S2: Fleet Vehicle-Preconstruction survey travel | 10/15/2014 | | | |
| S2: Fleet Vehicle-Preconstruction survey travel | 10/16/2014 | | | |
| TOTAL EXPENSES TASK: | | | | |
| TOTAL TASK 01.D3.30: | | | | |
| TASK 01.D3.10: Project Management and Administrative Support | | | | |
| Project Manager/Coordinator | | | | |
| S1: Office- Invoicing, budget tracking and project management | 10/3/2014 | | | |
| S2: Office- Project management, invoice and budget updates, project status and weekly labor reporting | 10/13/2014 | | | |
| S2: Office- Invoicing and budget tracking for preconstruction survey | 10/20/2014 | | | |
| Total Hours | | | | |
| Administrative/Clerical Support | | | | |
| S1: Office- Invoicing, budget tracking | 10/3/2014 | | | |
| S2: Office- Invoicing and budget tracking for preconstruction survey | 10/13/2014 | | | |
| S2: Office- Invoicing and budget tracking for preconstruction survey | 10/20/2014 | | | |
| Total Hours | | | | |
| TOTAL LABOR TASK: | | | | |
| TOTAL TASK 01.D3.10: | | | | |
| BILLINGS TO DATE | | | | |
| Total Billings This Invoice: [REDACTED] Previous Billings: [REDACTED] Total Billed To Date: [REDACTED] Total Work Order Budget: [REDACTED] Remaining Budget: [REDACTED] % Budget Remaining: [REDACTED] | | | | |

PROJECT NO./TASK: J-1398/8
PROJECT: PSEP Hydro Test Monitoring - Line SL 45-120
FOR CLIENT/CONTRACT:
PROJECT MANAGER:

| | | | | | |
|--------------------------------------|--|----------------|---------|------------------------|--------|
| PROJECT NO.: 14-00236 | | TERMS | | BILLING PERIOD: | |
| | | | | 10/1/2014 - 10/31/2014 | |
| PERSONAL - ROLE and TASK DESCRIPTION | | DATE | HRS/NO. | RATE | AMOUNT |
| Thank you for selecting | | INVOICE TOTAL: | | | |

Accounts Payable

December 03, 2014

Project: No: 1398-8

Invoice No: 16634

Project Manager:

Project: 1398-8

PSEP Hydro Test Monitoring Supply Line SL45-120. PO#464592-1002-8, M0001 (Rev#6). MSA 464592-1002. POC:

Professional Services for the Period: September 01, 2014 to September 30, 2014

Phase: 01 shall provide general environmental planning and field monitoring support for Supply Line SL45-120.

Task: 1 Project Management and Health & Safety Support for SL45-120. Project No. 464592.01.D3.10.

Professional Personnel

Principal

Senior SWPPP/Env/Bio Field Monitor

Administrative/Clerical Support

Ovt

Totals

Total Labor

Hours Rate Amount

Consultants

Total Consultants

Professional Services 9/1-9/30/14

1.0 times

BILLING LIMITS

Total Billings

Contract Maximum

Remaining

Current

Prior

To-Date

Task Totals:

Task: 2 Stormwater and Environmental Monitor Training for SL45-120. Project No. 464592.01.D3.15.

Consultants



Professional Services 9/1-9/30/14



Total Consultants

1.0 times

BILLING LIMITS

Total Billings
Contract Maximum
Remaining

Current Prior



Task Totals:

Task: 3 Environmental Clearance / Permitting & Pre-construction Planning Support for SL45-120. Project No. 464592.01.D3.30.

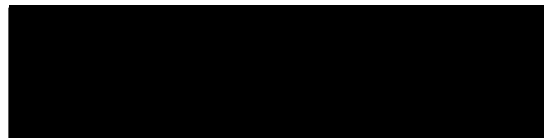
Professional Personnel

Project Manager/Coordinator



Hours Rate Amount

1.00



Totals

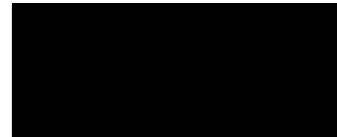
1.00

Total Labor

Consultants



Professional Services 9/1-9/30/14



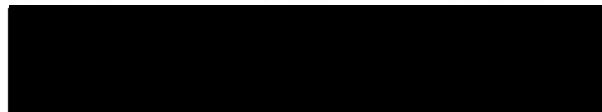
Total Consultants

1.0 times

BILLING LIMITS

Total Billings
Contract Maximum
Remaining

Current Prior To-Date



Task Totals:



Task: 4 Environmental Monitoring Support for SL45-120. Project No. 464592.01.D3.70.

BILLING LIMITS

Total Billings
Contract Maximum
Remaining

Current Prior To-Date



Task Totals:



Phase Totals:

TOTAL INVOICE AMOUNT DUE:

BILLING SUMMARY

Balance Due on Prior Invoices

Number

Date

Balance

16144

9/11/2014



16379

10/17/2014

Total

| Project Description | 3rd Party | Project Member | 708 | Labor Category | Week End | Saturday Hours | Sunday Hours | Monday Hours | Tuesday Hours | Wednesday Hours | Thursday Hours | Friday Hours | Saturday Notes | Sunday Notes | Monday Notes | Tuesday Notes | Wednesday Notes | Thursday Notes | Friday Notes |
|---------------------|-----------|----------------|----------|------------------------------------|-----------|----------------|--------------|--------------|---------------|-----------------|----------------|--------------|----------------|-----------------------|--|------------------|--|-----------------------|--|
| S45-120 | | 464592 | 01.03.10 | G-Senior SWP/Prn/Rio Field Member | 9/26/2014 | | | 0.50 | | | | | | | Office- PM Time Budget Tracker Spreadsheet | | | | |
| S45-120 | | 464592 | 01.03.10 | G-Administrative/ Clerical Support | 9/19/2014 | | 0.50 | | | | | | | Invoice prep/true-ups | | | | | |
| S45-120 | | 464592 | 01.03.10 | G-Clinical | 9/5/2014 | | | | 0.50 | | | | | | | | Modification of Binco's MSA due to client flow-downs | | |
| S45-120 | | 464592 | 01.03.10 | G-Administrative/ Clerical Support | 9/26/2014 | | | | | 0.25 | | | | | | | | prep monthly true-ups | |
| S45-120 | | 464592 | 01.03.10 | G-Administrative/ Clerical Support | 9/20/2014 | | | | 0.25 | | | | | | | Weekly Reporting | | | |
| S45-120 | | 464592 | 01.03.10 | G-Administrative/ Clerical Support | 9/5/2014 | | | 0.25 | | | | | | | | weekly report | | | july invoices, aug Invoice true-up prep, subk invoices, etc. |
| S45-120 | | 464592 | 01.03.10 | G-Administrative/ Clerical Support | 9/12/2014 | | | 0.25 | | 0.25 | | | | | subk support Invoice review/revisions | | july invoice revision | | |
| S45-120 | | 464592 | 01.03.10 | G-Administrative/ Clerical Support | 9/19/2014 | | | | | 0.25 | | | | | | | | monthly invoice | |
| S45-120 | | 464592 | 01.03.10 | G-Administrative/ Clerical Support | 9/26/2014 | | | | 0.25 | | | | | | | weekly report | | | |
| S45-120 | | 464592 | 01.03.10 | G-Administrative/ Clerical Support | 9/20/2014 | | | | 0.25 | | | | | | | weekly report | | | |
| S45-120 | | 464592 | 01.03.30 | G-Project Manager/Coord | 9/5/2014 | | | | 0.50 | | | | | | | PM support | | | |
| S45-120 | | 464592 | 01.03.30 | G-Project Manager/Coord | 9/12/2014 | | | 0.50 | | | | | | | | PM support | | | |

DATE: 10/6/2014

INVOICE NO.: 21560

PROJECT NO./TASK: J-1398/8

PROJECT: PSEP Hydro Test Monitoring - Line SL 45-120

FOR CLIENT/CONTRACT: P.O. No. 464592-1002-8

PROJECT MANAGER:

PROJECT NO.: 14-00236

| TERMS | BILLING PERIOD: |
|-------|----------------------|
| | 9/1/2014 - 9/30/2014 |

| PERSONAL - ROLE and TASK DESCRIPTION | DATE | HRS/NO. | RATE | AMOUNT |
|--------------------------------------|------|---------|------|--------|
|--------------------------------------|------|---------|------|--------|

TASK 01.D3.30: Permitting/Pre-Construction Support

| | | | | |
|---|-----------|--|--|--|
| Junior Env/Bio Field Monitor | | | | |
| S2: Office- Precon survey report preparation for Segment 2 laydown yard | 9/16/2014 | | | |
| Total Hours | | | | |

| | | | | |
|---|-----------|--|--|--|
| Project Manager/Coordinator | | | | |
| S2: Office- Preconstruction survey coordination | 9/2/2014 | | | |
| S2: Office- preconstruction survey report review, discussion with client, budget tracking and invoicing | 9/16/2014 | | | |
| Total Hours | | | | |

TOTAL LABOR TASK:

TOTAL TASK 01.D3.30:

TASK 01.D3.15: Environmental Monitor Training

| | | | | |
|--|-----------|--|--|--|
| Project Manager/Coordinator | | | | |
| PSEP PCB Training and Environmental Monitoring Training, Los Angeles, CA | 9/22/2014 | | | |
| Total Hours | | | | |
| Senior Field Monitor w/Agency Permit | | | | |
| PSEP PCB Training and Environmental Monitoring Training, Los Angeles, CA | 9/22/2014 | | | |
| Total Hours | | | | |
| Junior Env/Bio Field Monitor | | | | |
| PSEP PCB Training and Environmental Monitoring Training, Los Angeles, CA | 9/22/2014 | | | |
| Total Hours | | | | |

TOTAL LABOR TASK:

REIMBURSABLE EXPENSES

| | | | | |
|--|-----------|--|--|--|
| Junior Env/Bio Field Monitor | | | | |
| PSEP PCB Training and Environmental Monitoring Training, Los Angeles, CA | 9/22/2014 | | | |
| Senior Field Monitor w/Agency Permit | | | | |
| PSEP PCB Training and Environmental Monitoring Training, Los Angeles, CA | 9/22/2014 | | | |

TOTAL EXPENSES TASK:

TOTAL TASK 01.D3.15:

TASK 01.D3.10: Project Management and Administrative Support

| | | | | |
|---|-----------|--|--|--|
| Junior Env/Bio Field Monitor | | | | |
| S2: Office: Weekly labor report preparation | 9/15/2014 | | | |
| Total Hours | | | | |
| Project Manager/Coordinator | | | | |
| S1: Office- Invoicing, budget tracking and project management | 9/3/2014 | | | |
| S2: Office- Budget tracking and project management | 9/4/2014 | | | |
| S1: Office- Invoicing, budget tracking and project management | 9/8/2014 | | | |
| S1: Office- Budget tracking and project management | 9/12/2014 | | | |
| S2: Office- Weekly labor report review and submittal | 9/15/2014 | | | |
| S2: Office- Preconstruction survey report review, discussion with client, budget tracking and invoicing | 9/16/2014 | | | |
| S1: Office- Invoicing, budget tracking and project management | 9/29/2014 | | | |

PROJECT NO.: 14-00236

DATE: 10/6/2014

INVOICE NO.: 21560

TRAVEL LOG

PROJECT NO./TASK: J-1398/8
PROJECT: PSEP Hydro Test Monitoring - Line SL 45-120
FOR CLIENT/CONTRACT: P.O. No. 464592-1002-8
PROJECT MANAGER:

PROJECT NO.: 14-00236

BILLING PERIOD:

9/1/2014 - 9/30/2014

| PERSONAL - ROLE and TASK DESCRIPTION | FROM | TO | DATE | NO. | RATE |
|---|----------|-------------|-----------|-----|------|
| TASK 01.D3.15: Environmental Monitor Training | | | | | |
| Junior Env/Bio Field Monitor | | | | | |
| PSEP PCB Training and Environmental Monitoring Training, LA, CA | | Los Angeles | 9/22/2014 | | |
| Senior Field Monitor w/Agency Permit | | | | | |
| PSEP PCB Training and Environmental Monitoring Training, LA, CA | Carlsbad | Los Angeles | 9/22/2014 | | |
| TOTAL DAYS COMPANY VEHICLE USED TASK 01.D3.70: | | | | | |
| TOTAL DAYS COMPANY VEHICLE USED: | | | | | |

Invoice

Client ID: [REDACTED]

Attn: Accounts Payable
[REDACTED]

PO Number: Task Order: 10381-7-100947

Invoice Date: 10/29/2014

Lab Number: 1421836

Submitted On: 09/17/14

Submitted By:

Payment Due: 12/01/2014

Terms: [REDACTED]

| Quantity | Description of Service | Dept. | Unit | Amount |
|----------|---|-------|------|--------|
| | 1421836 BCL Project Name: SL45-120, Section 2 Client Project Name: PSEP (MSA #464592-1007) | | | |
| | 1421836-01 45-120S2-STK-001, 9/17/2014 10:43:00 AM | | | |
| | 1421836-02 45-120S2-STK-101, 9/17/2014 10:43:00 AM | | | |
| 2 | Solids: EPA-8015B - TPH (Diesel) - (Samples 1421836-01, 02) | 205 | | |
| 2 | Solids: EPA-8015B - TPH (Diesel) - (Samples 1421836-01, 02) [100% surcharge for 1-day TAT] | 205 | | |
| 2 | Solids: EPA 8015CC - Carbon Chain - (Samples 1421836-01, 02) | 205 | | |
| 2 | Solids: EPA 8015CC - Carbon Chain - (Samples 1421836-01, 02) [100% surcharge for 1-day TAT] | 205 | | |
| 2 | Solids: EPA-8015B - TPH (Gas) - (Samples 1421836-01, 02) | 206 | | |
| 2 | Solids: EPA-8015B - TPH (Gas) - (Samples 1421836-01, 02) [100% surcharge for 1-day TAT] | 206 | | |
| 2 | Solids: EPA 8260 - Purgeable Halogenated & Aromatics - (Samples 1421836-01, 02) | 206 | | |
| 2 | Solids: EPA 8260 - Purgeable Halogenated & Aromatics - (Samples 1421836-01, 02) [100% surcharge for 1-day TAT] | 206 | | |
| 2 | Solids: EPA 1030 Ignitability (Solids) - (Samples 1421836-01, 02) | 201 | | |
| 2 | Solids: EPA 1030 Ignitability (Solids) - (Samples 1421836-01, 02) [100% surcharge for 1-day TAT] | 201 | | |
| 2 | Solids: EPA 7.3.4.2 - Reactive Sulfide - (Samples 1421836-01, 02) | 201 | | |
| 2 | Solids: EPA 7.3.4.2 - Reactive Sulfide - (Samples 1421836-01, 02) [100% surcharge for 1-day TAT] | 201 | | |
| 2 | Solids: EPA 9045 - pH - (Samples 1421836-01, 02) | 201 | | |
| 2 | Solids: EPA 9045 - pH - (Samples 1421836-01, 02) [100% surcharge for 1-day TAT] | 201 | | |
| 2 | Solids: TTLC 17 Metals - (Samples 1421836-01, 02) | 207 | | |
| 2 | Solids: TTLC 17 Metals - (Samples 1421836-01, 02) [100% surcharge for 1-day TAT] | 207 | | |

Please Pay This Amount

Invoice

Client ID: [REDACTED]

Attn: Accounts Payable
[REDACTED]

PO Number: Task Order: 10381-7-100947

Invoice Date: 10/29/2014

Lab Number: 1421836

Submitted On: 09/17/14

Submitted By:

Payment Due: 12/01/2014

Terms: [REDACTED]

| Quantity | Description of Service | Dept. | Unit | Amount |
|----------|------------------------|-------|------|--------|
|----------|------------------------|-------|------|--------|

[REDACTED] PM: [REDACTED]

Work Completed: 09/22/14

Task No. 01.D3.70

Project No. 464592.01.D3.70

Accounts past due may be charged a [REDACTED] service fee per month until paid in full.

Please refer to the invoice number above when making your payment

Printed 10/30/2014 9:24:23AM

PCB Training Record

Training: PSEP EAC/PCB Wipe Training

Date: 9/22/2014

Location: [REDACTED]

| Rincon | | | | | | |
|------------|------|------------|-------|--------|--------------|-----------------|
| First | Last | Rate | Hours | Amount | Pipeline No. | Project No. |
| [REDACTED] | | [REDACTED] | | | | 464592.01.D3.15 |
| | | | | | | 464592.01.D3.15 |
| | | | | | | 464592.01.D3.15 |

Subtotal:

September 2014 Total:

[REDACTED]

MPE PSEP - Cost Breakout by Pipeline Project 45-120

(Labor and Expense)

PSEP Contract Number:

PSEP Reference Number:

Project No.:

Project Manager:

464592.01.D3

Peter Chitwood

Reporting Period: August 30, 2014 through November 21, 2014

| Project Section | Labor Subtotal | Expense Subtotal | Total Labor and Expense |
|-----------------|----------------|------------------|-------------------------|
| Section 1 | \$ | | |
| Section 2/3 | \$ | | |
| Totals | \$ | | |

Assumptions:

1. Labor charges are allocated based on timesheet notes.
2. Expenses within the monthly invoice period are allocated in direct proportion to the monthly labor charges on each project. Expenses that are held over from previous billing cycles are manually allocated to the appropriate project section as applicable.

Mail content report generated by COLLECTOR

From: [REDACTED]
Sent: Friday, January 09, 2015 1:11 PM
To: AP_Invoices_SCG; [REDACTED]
Subject: [REDACTED] PSEP D3 SL45-120 Sept-
Nov 2014 Invoice
Attachments: COL_29E14000.pdf

Hello,

Attached is the September, October and November 2014 invoice (August 30, 2014 through November 21, 2014). Please contact me if you have any questions.

Thank you,

[REDACTED]
Project Assistant

Environment & Nuclear Market



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

| Doc.Type : RS (Readsoft - LIV) Normal document | | | | | |
|--|--------------------------|--------------|------------|-------------|------|
| Doc. Number | 5100897445 | Company Code | 2200 | Fiscal Year | 2015 |
| Doc. Date | 01/09/2015 | Posting Date | 01/21/2015 | Period | 01 |
| Calculate Tax | <input type="checkbox"/> | | | | |
| Ref.Doc. | 381015896-D3 | | | | |
| Doc. Currency | USD | | | | |

| Itm | PK | Account | Account short text | Tx | CoCd | Cost Ctr | Order | Act | Amount | Text |
|-----|----|---------|----------------------|----|------|-----------|-------|-----|--------|-------------|
| 1 | 31 | 108922 | | IO | 2200 | | | | | |
| 2 | 81 | 6221110 | SRV-PSEP ENG & CONST | IO | 2200 | 2200-2440 | | | | SL45-120 S2 |
| 3 | 81 | 6220600 | SRV-CONSULTING-OTHER | IO | 2200 | 2200-2440 | | | | SL45-120 S2 |

REVIEWED

By [REDACTED] Accounts Payables at 12:53 pm, Jan 05, 2015

A/R Invoice

| Date | Due Date | Invoice# |
|----------|----------|----------|
| 10/18/14 | 11/17/14 | 2202962 |

Bill ToSouthern California Gas c/o [REDACTED]
[REDACTED]**Remit To**[REDACTED]
[REDACTED]

| Project Manager | Contact Person | Purchase/Work Order # | AFE# | Terms |
|-----------------|----------------|-----------------------|----------|--------|
| | [REDACTED] | [REDACTED] | W9Y14007 | Net 30 |

| Description | Quantity | Price | Total |
|-------------|----------|-------|-------|
|-------------|----------|-------|-------|

Customer Number: 5660040602

PROJECT NUMBER: W9Y14007

[REDACTED] - week ending 10/18/14

NACE

Salary per hour

Overtime

Per Diem

Subtotal

[REDACTED] - week ending 10/18/14

CWI

Salary per hour

Overtime

Per Diem

Subtotal

[REDACTED] - week ending 10/18/14

CWI

Salary per hour

Overtime

Per Diem

Subtotal

[REDACTED] - week ending 10/18/14

CWI

Salary per hour

Overtime

Per Diem

Subtotal

[REDACTED] - week ending 10/18/14

WELDING

Salary per hour

A/R Invoice

| Date | Due Date | Invoice# |
|----------|----------|----------|
| 10/18/14 | 11/17/14 | 2202962 |

Bill To

Southern California Gas c/o

Remit To

| Project Manager | Contact Person | Purchase/Work Order # | AFE# | Terms |
|-----------------|----------------|-----------------------|----------|--------|
| | | 5660040602 | W9Y14007 | Net 30 |

| Description | Quantity | Price | Total |
|-------------|----------|-------|-------|
| Per Diem | | | |
| Subtotal | | | |

- week ending 10/18/14

NACE

| | |
|-----------------|--|
| Salary per hour | |
| Overtime | |
| Per Diem | |
| Subtotal | |

- week ending 10/18/14

CHIEF

| | |
|-----------------|--|
| Salary per hour | |
| Overtime | |
| Per Diem | |
| Subtotal | |

- week ending 10/18/14

CWI

| | |
|-----------------|--|
| Salary per hour | |
| Overtime | |
| Per Diem | |
| Subtotal | |

- week ending 10/18/14

UTILITY

| | |
|-----------------|--|
| Salary per hour | |
| Overtime | |
| Per Diem | |
| Subtotal | |

- week ending 10/18/14

CWI

| | |
|-----------------|--|
| Salary per hour | |
| Overtime | |
| Per Diem | |
| Subtotal | |

A/R Invoice

| Date | Due Date | Invoice# |
|----------|----------|----------|
| 10/18/14 | 11/17/14 | 2202962 |

Bill To

Southern California Gas c/o [REDACTED]

Remit To

Project Manager

Contact Person

Purchase/Work Order #

AFE#

Terms

W9Y14007

Net 30

| Description | Quantity | Price | Total |
|-------------|----------|-------|-------|
|-------------|----------|-------|-------|

[REDACTED] - week ending 10/18/14

NACE

Salary per hour

Overtime

Per Diem

Subtotal

[REDACTED] - week ending 10/18/14

UTILITY

Salary per hour

Overtime

Per Diem

Subtotal

[REDACTED] - week ending 10/18/14

CWI

Salary per hour

Overtime

Per Diem

Subtotal

[REDACTED] - week ending 10/18/14

CWI

Salary per hour

Overtime

Per Diem

Subtotal

Subtotal

Tax

Total

RECEIVED

By [REDACTED] at 10:56 am, Dec 05, 2014

BK-D-316

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Journal compilation © 2006 Blackwell Publishing Ltd

Project No. W9Y14007
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 Billing 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 incur overtime without extra compensation, however, said overtime must still be documented herein and approved in advance.
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)
 - ii. Project Manager
 - iii. Senior Project Manager
5. **Blanket Overtime:** A blanket overtime 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:
- i. All approvals required by Note 4 (above)
 - ii. Jacobs Project Director

[illegible]

REASONING / JUSTIFICATION

APPROVALS

| | | |
|--|--------------------|--------------------|
| Planned Overtime | | Blanket Overtime |
| Functional/ Discipline Manager (as applicable) | Project Manager | Project Director |
| Signature and Date | Signature and Date | Signature and Date |
| Printed Name | Printed Name | Printed Name |

TIME PERIOD: 10/18/2014
WEEK ENDING

EMPLOYEE ID#: 147188

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: NACE COATING

CLIENT: SoCal CODE: 70

Final Time Sheet: NO
Returning Next Week: YES

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

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | TOTALS |
|--|--------|--------|---------|-----------|----------|--------|----------|--------|
| OVERHEAD ACCOUNT NUMBER | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | |
| AFE 5660040802 / LN 45-120 SECTION 2 / PO# 82027 | 0 | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| WORK RELATED MILEAGE | | | | | | | | 0 |
| PER DIEM (Yes or No) | Y | Y | Y | Y | Y | Y | Y | 7 |
| EQUIPMENT | N | Y | Y | Y | Y | Y | Y | 6 |

Cell Phone [REDACTED] Computer & Printer [REDACTED] Digital Camera [REDACTED] DAYS WORKED [REDACTED]

Equipment shall be paid on days worked only. All allowances shall be PRE-APPROVED by Client. WEEK ENDS ON SATURDAY!

ACTUAL HOURS
WORKED [REDACTED]

STATE OF JOB LOCATION: California

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 deducted from future compensation or reimbursed to the Company by the employee.

FIELD SUPERVISOR: [REDACTED]

FIELD SUPERVISOR PHONE # [REDACTED]

EMPLOYEE CELL / WORK PHONE # [REDACTED]

EMPLOYEE EMAIL ADDRESS: [REDACTED]

EMPLOYEE SIGNATURE: [REDACTED]

CLIENT SIGNATURE: [REDACTED]

EMAIL TIME SHEETS TO: [REDACTED]
(OR) FAX TIME SHEETS TO: [REDACTED]

() NOTE PRIMARY ADDRESS CHANGE

() NOTE FIELD LOCATION ADDRESS CHANGE

Primary W-4 Residence
Street Address: [REDACTED]

Actual City / State / Zip of
work location 555 W 5th Street Los Angeles, CA 90024

Final Time Sheet: NO
Returning Next Week: YES

TIME PERIOD: 10/18/2014
WEEK ENDING
EMPLOYEE ID#: 147282
EMPLOYEE NAME: [REDACTED]
CLASSIFICATION: Certified Welding Inspector
CLIENT: SoCal CODE:

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

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | TOTALS |
|-----------------------------|--------|--------|---------|-----------|----------|--------|----------|--------|
| OVERHEAD ACCOUNT NUMBER | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | |
| AFE. 5650040502, P.O. 82027 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| WORK RELATED MILEAGE | | | | | | | | |
| PER DIEM (Yes or No) | Y | Y | Y | Y | Y | Y | Y | 7 |
| EQUIPMENT | N | Y | Y | Y | Y | Y | Y | 6 |

Cell Phone Y Computer & Printer Y Digital Camera Y DAYS WORKED [REDACTED]

Equipment shall be paid on days worked only. All allowances shall be PRE-APPROVED by Client. WEEK ENDS ON SATURDAY!

STATE OF JOB LOCATION: California

ACTUAL HOURS
WORKED [REDACTED]

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 deducted from future compensation or reimbursed to the Company by the employee.

FIELD SUPERVISOR: [REDACTED]
FIELD SUPERVISOR PHONE # [REDACTED]
EMPLOYEE CELL / WORK PHONE # [REDACTED]
EMPLOYEE EMAIL ADDRESS: [REDACTED]

EMPLOYEE SIGNATURE: [REDACTED]

CLIENT SIGNATURE: [REDACTED]

EMAIL TIME SHEETS TO: [REDACTED]
(OR) FAX TIME SHEETS TO: [REDACTED]

() NOTE PRIMARY ADDRESS CHANGE

() NOTE FIELD LOCATION ADDRESS CHANGE

Primary W-4 Residence
Street Address: [REDACTED]

Actual City / State / Zip of
work location: 555 W 5th Street Los Angeles, CA 90024

TIME PERIOD: 10/18/2014
WEEK ENDING

EMPLOYEE ID #: 900008

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: Welding Inspector

CLIENT: SoCal CODE:

Final Time Sheet: (YES OR NO) NO
Returning Next Week: (YES OR NO) YES

TIME SHEETS MUST BE IN TIR OFFICE NO LATER THAN SUNDAY 8AM FOR PAYROLL PROCESSING

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | TOTALS |
|-------------------------------------|--------|--------|---------|-----------|----------|--------|----------|--------|
| AFE# NUMBER | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | |
| 5660040602 PO#32027 LN 45-120 Sec 2 | | | | | | | | |
| IO # 300728228 | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | |
| CAMERA | 0 | YES | YES | YES | YES | YES | YES | |
| COMPUTER | 0 | YES | YES | YES | YES | YES | YES | |
| WORK RELATED MILEAGE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| PER DIEM (YES OR NO) | YES | YES | YES | YES | YES | YES | YES | |
| CELL PHONE (YES OR NO) | NO | YES | YES | YES | YES | YES | YES | |

STATE OF JOB LOCATION: California

Email Address: [REDACTED] DAYS WORKED [REDACTED]

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 all submitted items. Any over charges or unauthorized charges will be deducted from future compensation or reimbursed to the Company by the employee.

FIELD SUPERVISOR (Print Name) [REDACTED]

FIELD SUPERVISOR PHONE # [REDACTED]

EMPLOYEE WORK PHONE # [REDACTED]

EMPLOYEE CELLULAR PHONE # [REDACTED]

EMPLOYEE SIGNATURE: [REDACTED]

CLIENT SIGNATURE:

EMAIL TIME SHEETS TO: [REDACTED]

or Fax to: [REDACTED]

Project Manager (Print Name) [REDACTED]

Project Manager Phone # [REDACTED]

() NOTE PRIMARY ADDRESS CHANGE

() NOTE FIELD LOCATION ADDRESS CHANGE

Primary W-4
Residence Street
Address: [REDACTED]

Actual City/State/Zip of
work location 555 W 5th Street Los Angeles, CA 90024

Rev 09/09/13

[REDACTED]

From: [REDACTED]
Sent: Monday, October 20, 2014 3:21 PM
To: time
Subject: FW: [REDACTED] Time Sheet
Attachments: [REDACTED] Time Sheet 20141018.xls; ATT00001.txt

Approved

From: [REDACTED]
Sent: Monday, October 20, 2014 12:09 PM
To: [REDACTED]
Subject: [REDACTED] Time Sheet

TIME PERIOD: 10/18/2014
WEEK ENDING

EMPLOYEE ID#: [REDACTED]

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: Welding Inspection

CLIENT: SoCal CODE:

Final Time Sheet: NO
Returning Next Week: YES

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

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | TOTALS |
|-------------------------|--------|--------|---------|-----------|----------|--------|----------|--------|
| OVERHEAD ACCOUNT NUMBER | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | |
| AFE# 5660040602 | | | | | | | | 0 |
| L45-120 Sec2 WBS#2.5 | | | | | | | | 0 |
| PO# 82027 | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| WORK RELATED MILEAGE | | | | | | | | 0 |
| PER DIEM (Yes or No) | Y | Y | Y | Y | Y | Y | Y | 7 |
| EQUIPMENT | N | Y | Y | Y | Y | Y | N | 5 |

Cell Phone Y

Computer & Printer Y

Digital Camera Y

DAYS WORKED [REDACTED]

Equipment shall be paid on days worked only. All allowances shall be PRE-APPROVED by Client. WEEK ENDS ON SATURDAY!

ACTUAL HOURS
WORKED

STATE OF JOB LOCATION: California

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 deducted from future compensation or reimbursed to the Company by the employee.

FIELD SUPERVISOR: [REDACTED]

FIELD SUPERVISOR PHONE # [REDACTED]

EMPLOYEE CELL / WORK PHONE # [REDACTED]

EMPLOYEE EMAIL ADDRESS: [REDACTED]

EMPLOYEE SIGNATURE [REDACTED]

CLIENT SIGNATURE: [REDACTED]

EMAIL TIME SHEETS TO: [REDACTED]
(OR) FAX TIME SHEETS TO: [REDACTED]

() NOTE PRIMARY ADDRESS CHANGE

() NOTE FIELD LOCATION ADDRESS CHANGE

Primary W-4 Residence
Street Address: [REDACTED]

Actual City / State / Zip of
work location 555 W 5th Street Los Angeles, CA 90024

TIME PERIOD: 10/18/2014

WEEK ENDING

EMPLOYEE ID#:

EMPLOYEE NAME:

CLASSIFICATION: Senior Construction Manager

CLIENT: SoCal

CODE:

Final Time Sheet: NO
Returning Next Week: YES

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

| WO# / AFE# NUMBER | Sunday HOURS | Monday HOURS | Tuesday HOURS | Wednesday HOURS | Thursday HOURS | Friday HOURS | Saturday HOURS | TOTALS |
|---|-----------------|-----------------|------------------|--------------------|-------------------|-----------------|-------------------|--------|
| | | | | | | | | 0 |
| LN 45-120-sec 2 WOA-82027 | | | | | | | | 0 |
| LN 33-120-sec-3 WBS# 1.3 WOA-82021 | | | | | | | | 0 |
| LN 33-121 - WBS# 1.3 WOA - 82020 | | | | | | | | 0 |
| LN 404-sec 3/4/5 WBS# 1.3 WOA - 25380 | | | | | | | | 0 |
| L 406 sections 2,2A,3 WBS# 1.3 WOA- 25374 | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| WORK RELATED MILEAGE | | | | | | | | 0 |
| PER DIEM (Yes or No) | Yes | Yes | Yes | Yes | Yes | Yes | Yes | 0 |
| EQUIPMENT | NO | Yes | Yes | Yes | Yes | NO | NO | 0 |

Cell Phone YES

Computer & Printer YES

Digital Camera YES

DAYS WORKED

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: California

WORKED

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 deducted from future compensation or reimbursed to the Company by the employee.

FIELD SUPERVISOR:

FIELD SUPERVISOR PHONE #

EMPLOYEE CELL / WORK PHONE #

EMPLOYEE EMAIL ADDRESS:

EMPLOYEE SIGNATURE:

CLIENT SIGNATURE:

EMAIL TIME SHEETS TO:
(OR) FAX TIME SHEETS TO:

() NOTE PRIMARY ADDRESS CHANGE

() NOTE FIELD LOCATION ADDRESS CHANGE

Primary W-4 Residence
Street Address :Actual City / State / Zip of
work location

555 W 5th Street Los Angeles, CA 90024

TIME PERIOD: 10/18/2014

WEEK ENDING

EMPLOYEE ID #:

EMPLOYEE NAME:

CLASSIFICATION: NACE 2 Coating Inspector

CLIENT: SoCal

CODE:

Final Time Sheet: (YES OR NO)

NO

Returning Next Week: (YES OR NO)

Yes

TIME SHEETS MUST BE IN TIR OFFICE NO LATER THAN SUNDAY 8AM FOR PAYROLL PROCESSING

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | TOTALS |
|--|--------|--------|---------|-----------|----------|--------|----------|--------|
| AFE# NUMBER | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | |
| 5650040602 PO#82027 LN SL 45-120 SEC 2 | 0 | | | | | | | |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| ATV | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CAMERA | 0 | | | | | | | |
| COMPUTER | 0 | | | | | | | |
| WORK RELATED MILEAGE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PER DIEM (YES OR NO) | YES | YES | YES | YES | YES | YES | YES | |
| CELL PHONE (YES OR NO) | NO | YES | YES | YES | YES | YES | YES | |

STATE OF JOB LOCATION: California

Email Address:

DAYS WORKED

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 all submitted items. Any over charges or unauthorized charges will be deducted from future compensation or reimbursed to the Company by the employee.

FIELD SUPERVISOR (Print Name)

FIELD SUPERVISOR PHONE #

EMPLOYEE WORK PHONE #

EMPLOYEE CELLULAR PHONE #

Project Manager (Print Name)

EMPLOYEE SIGNATURE:

CLIENT SIGNATURE:

EMAIL TIME SHEETS TO:

or Fax to:

Project Manager Phone #

() NOTE PRIMARY ADDRESS CHANGE

() NOTE FIELD LOCATION ADDRESS CHANGE

Primary W-4

Residence Street
Address:Actual City / State / Zip of
work location

555 West 5th Street Los Angeles, CA 90024 Rev 09/09/13

TIME PERIOD: 10/18/2014

WEEK ENDING

EMPLOYEE ID#: [REDACTED]

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: Chief Inspector

CLIENT: SoCal CODE:

Returning Next Week: YES

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

| OVERHEAD ACCOUNT NUMBER | Sunday HOURS | Monday HOURS | Tuesday HOURS | Wednesday HOURS | Thursday HOURS | Friday HOURS | Saturday HOURS | TOTALS |
|---|-----------------|-----------------|------------------|--------------------|-------------------|-----------------|-------------------|--------|
| AFE#5860040602 45-120 SEC 2 WBS#2.5 PO# 82027 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| WORK RELATED MILEAGE | | | | | | | | |
| PER DIEM (Yes or No) | Y | Y | Y | Y | Y | Y | Y | |
| EQUIPMENT | N | Y | Y | Y | Y | Y | Y | |

Cell Phone Y

Computer & Printer Y

Digital Camera Y

DAYS WORKED

Equipment shall be paid on days worked only. All allowances shall be PRE-APPROVED by Client. WEEK ENDS ON SATURDAY!

STATE OF JOB LOCATION: California

ACTUAL HOURS
WORKED

FIELD SUPERVISOR:

FIELD SUPERVISOR PHONE #

EMPLOYEE CELL / WORK PHONE #

EMPLOYEE EMAIL ADDRESS:

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EMPLOYEE SIGNATURE: [REDACTED]

CLIENT SIGNATURE:

EMAIL TIME SHEETS TO:
(OR) FAX TIME SHEETS TO:

() NOTE PRIMARY ADDRESS CHANGE

() NOTE FIELD LOCATION ADDRESS CHANGE

Primary W-4 Residence
Street Address:Actual City / State / Zip of
work location:

555 W 5th Street Los Angeles, CA 90024

Rev 09/26/13

[REDACTED]

From: [REDACTED]
Sent: Monday, October 20, 2014 3:24 PM
To: [REDACTED]
Subject: FW: [REDACTED] Time Sheet
Attachments: [REDACTED] TIMESHEET 20141018.xls; ATT00001.txt

Approved

From: [REDACTED]
Sent: Monday, October 20, 2014 12:20 PM
To: [REDACTED]
Subject: [REDACTED] Time Sheet

TIME PERIOD: 10/18/2014
WEEK ENDING

EMPLOYEE ID #: [REDACTED]

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: Welding Inspector

CLIENT: SO Cal CODE:

Final Time Sheet: (YES OR NO)
Returning Next Week: (YES OR NO)

TIME SHEETS MUST BE IN TIR OFFICE NO LATER THAN SUNDAY 8AM FOR PAYROLL PROCESSING

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | TOTALS |
|------------------------|--------|--------|---------|-----------|----------|--------|----------|--------|
| AFE# NUMBER | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | |
| 5650040602/PO #82027 | | | | | | | | |
| [REDACTED] | | | | | | | | 0 |
| | | | | | | | | 0 |
| ATV | | | | | | | | 0 |
| CAMERA | | | | | | | | |
| COMPUTER | | | | | | | | |
| WORK RELATED MILEAGE | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PER DIEM (YES OR NO) | YES | YES | YES | YES | YES | YES | YES | |
| CELL PHONE (YES OR NO) | | YES | YES | YES | YES | YES | YES | |

STATE OF JOB LOCATION: CALIFORNIA Email Address: [REDACTED] DAYS WORKED: [REDACTED]

FIELD SUPERVISOR (Print Name) [REDACTED]

FIELD SUPERVISOR PHONE # [REDACTED]

EMPLOYEE WORK PHONE # [REDACTED]

EMPLOYEE CELLULAR PHONE # [REDACTED]

Project Manager (Print Name) [REDACTED]

() NOTE PRIMARY ADDRESS CHANGE

Primary W-4
Residence Street
Address: [REDACTED]

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 all submitted items. Any over charges or unauthorized charges will be deducted from future compensation or reimbursed to the Company by the employee.

EMPLOYEE SIGNATURE: [REDACTED]

CLIENT SIGNATURE: [REDACTED]

EMAIL TIME SHEETS TO: [REDACTED]

or Fax to: [REDACTED]

Project Manager Phone # [REDACTED]

() NOTE FIELD LOCATION ADDRESS CHANGE

Actual City / State / Zip of
work location

555 W 5TH STREET LOS ANGELES, CA 90024

Rev 09/09/13

From: [REDACTED]
Subject: FW: [REDACTED] Time Sheet
Received: 10/20/2014 3:23:57 PM
Approved

From: [REDACTED]
Sent: Monday, October 20, 2014 12:17 PM
To: [REDACTED]
Subject: [REDACTED] Time Sheet

CLIENT: SoCal CODE:

BK-D-329

Lee Anne Foster

From: [REDACTED]
Sent: Monday, October 20, 2014 3:22 PM
To: time
Subject: FW: [REDACTED] Time Sheet
Attachments: [REDACTED] Time Sheet 20141018.xls; ATT00001.txt

Approved

From: [REDACTED]
Sent: Monday, October 20, 2014 12:11 PM
To: [REDACTED]
Subject: [REDACTED] Time Sheet

TIME PERIOD: 10/18/2014

EMPLOYEE ID #: [REDACTED] WEEK ENDING

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: Welding Inspector

CLIENT: SoCal CODE:

Final Time Sheet: NO
Returning Next Week: YES

TIME SHEETS MUST BE IN TIR OFFICE NO LATER THAN SUNDAY 8AM FOR PAYROLL PROCESSING

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | |
|--|--------|--------|---------|-----------|----------|--------|----------|--------|
| AFE# NUMBER | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | TOTALS |
| AFE#5660040602 /ILN 406 SEC 2 WBS# 1.3 | | | | | | | | |
| [REDACTED] | | | | | | | | 0 |
| | | | | | | | | 0 |
| ATV | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CAMERA | 0 | | | | | | | |
| COMPUTER | 0 | | | | | | | |
| WORK RELATED MILEAGE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PER DIEM (YES OR NO) | YES | YES | YES | YES | YES | YES | YES | 7 |
| CELL PHONE (YES OR NO) | NO | YES | YES | YES | YES | YES | YES | 6 |

STATE OF JOB LOCATION: California Email Address: [REDACTED] DAYS WORKED [REDACTED]

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 all submitted items. Any over charges or unauthorized charges will be deducted from future compensation or reimbursed to the Company by the employee.

FIELD SUPERVISOR (Print Name) [REDACTED]

FIELD SUPERVISOR PHONE # [REDACTED]

EMPLOYEE WORK PHONE # [REDACTED]

EMPLOYEE CELLULAR PHONE # [REDACTED]

Project Manager (Print Name) [REDACTED]

EMPLOYEE SIGNATURE: [REDACTED]

CLIENT SIGNATURE: [REDACTED]

EMAIL TIME SHEETS TO: [REDACTED]

or Fax to: [REDACTED]

Project Manager Phone # [REDACTED]

() NOTE PRIMARY ADDRESS CHANGE

() NOTE FIELD LOCATION ADDRESS CHANGE

Primary W-4
Residence Street
Address: [REDACTED]

Actual City / State / Zip of
work location 555 W 5th Street Los Angeles, CA 90024

Rev 09/09/13

Lee Anne Foster

From: [REDACTED]
Sent: Monday, October 20, 2014 3:24 PM
To: time
Subject: FW: [REDACTED] Time Sheet
Attachments: 10-18-2014 TS [REDACTED].xls; ATT00001.txt

Approved

From: [REDACTED]
Sent: Monday, October 20, 2014 12:19 PM
To: [REDACTED]
Subject: [REDACTED] Time Sheet

TIME PERIOD: 10/18/2014
WEEK ENDING

EMPLOYEE ID#: [REDACTED]

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: Utility Inspector

CLIENT: SoCal CODE:

Final Time Sheet: NO
Returning Next Week: YES

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

| OVERHEAD ACCOUNT NUMBER | Sunday HOURS | Monday HOURS | Tuesday HOURS | Wednesday HOURS | Thursday HOURS | Friday HOURS | Saturday HOURS | TOTALS |
|---|-----------------|-----------------|------------------|--------------------|-------------------|-----------------|-------------------|--------|
| 5660040602 POWS2027 LN 46-120 SEC 2 WBS#2.6 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| WORK RELATED MILEAGE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PER DIEM (Yes or No) | Y | Y | Y | Y | Y | Y | Y | |
| EQUIPMENT | N | Y | Y | Y | Y | Y | Y | |

Cell Phone Y

Computer & Printer Y

Digital Camera Y

DAYS WORKED [REDACTED]

Equipment shall be paid on days worked only. All allowances shall be PRE-APPROVED by Client. WEEK ENDS ON SATURDAY!

STATE OF JOB LOCATION: California

ACTUAL HOURS
WORKED [REDACTED]

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 deducted from future compensation or reimbursed to the Company by the employee.

FIELD SUPERVISOR: [REDACTED]

FIELD SUPERVISOR PHONE # [REDACTED]

EMPLOYEE CELL / WORK PHONE # [REDACTED]

EMPLOYEE EMAIL ADDRESS: [REDACTED]

EMPLOYEE SIGNATURE: [REDACTED]

CLIENT SIGNATURE: [REDACTED]

EMAIL TIME SHEETS TO:
(OR) FAX TIME SHEETS TO: [REDACTED]

() NOTE PRIMARY ADDRESS CHANGE

Primary W-4 Residence
Street Address [REDACTED]

() NOTE FIELD LOCATION ADDRESS CHANGE

Actual City / State / Zip of
work location 555 W 5th Street Los Angeles, CA 90024

Lee Anne Foster

From: [REDACTED]
Sent: Monday, October 20, 2014 3:23 PM
To: time
Subject: FW: [REDACTED] Time Sheet
Attachments: [REDACTED] Time Sheet 20141018.xls; ATT00001.txt

Approved

From: [REDACTED]
Sent: Monday, October 20, 2014 12:14 PM
To: [REDACTED]
Subject: [REDACTED] Time Sheet

TIME PERIOD: 10/18/2014
WEEK ENDING

EMPLOYEE ID #: [REDACTED]

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: UTILITY INSPECTOR

CLIENT: SoCal CODE:

Final Time Sheet: (YES OR NO) no
Returning Next Week: (YES OR NO) yes

TIME SHEETS MUST BE IN TIR OFFICE NO LATER THAN SUNDAY 8AM FOR PAYROLL PROCESSING

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | TOTALS |
|-------------------------------------|--------|--------|---------|-----------|----------|--------|----------|--------|
| AFE# NUMBER | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | |
| 5660040602 PO#82027-LN 45-120-SEC-2 | 0 | | | | | | | |
| [REDACTED] | | | | | | | | 0 |
| | | | | | | | | 0 |
| ATV | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CAMERA | 0 | YES | YES | YES | YES | YES | YES | |
| COMPUTER | 0 | YES | YES | YES | YES | YES | YES | |
| WORK RELATED MILEAGE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| PER DIEM (YES OR NO) | YES | YES | YES | YES | YES | YES | YES | |
| CELL PHONE (YES OR NO) | 0 | YES | YES | YES | YES | YES | YES | |

STATE OF JOB LOCATION: CALIFORNIA Email Address: [REDACTED] DAYS WORKED: [REDACTED]

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 all submitted items. Any over charges or unauthorized charges will be deducted from future compensation or reimbursed to the Company by the employee.

FIELD SUPERVISOR (Print Name) [REDACTED]

FIELD SUPERVISOR PHONE # [REDACTED]

EMPLOYEE WORK PHONE # [REDACTED]

EMPLOYEE CELLULAR PHONE # [REDACTED]

Project Manager (Print Name) [REDACTED]

EMPLOYEE SIGNATURE: [REDACTED]

CLIENT SIGNATURE: [REDACTED]

EMAIL TIME SHEETS TO: [REDACTED]

or Fax to: [REDACTED]

Project Manager Phone # [REDACTED]

() NOTE PRIMARY ADDRESS CHANGE

() NOTE FIELD LOCATION ADDRESS CHANGE

Primary W-4
Residence Street
Address [REDACTED]

Actual City / State / Zip of
work location [REDACTED]

555 W 5TH STREET LOS ANGELES, CA 900

Rev 09/09/13

Lee Anne Foster

From: [REDACTED]
Sent: Monday, October 20, 2014 3:23 PM
To: time
Subject: FW: [REDACTED] Time Sheet
Attachments: [REDACTED] Time Sheet 20141018.xls; ATT00001.txt

Approved

From: [REDACTED]
Sent: Monday, October 20, 2014 12:16 PM
To: [REDACTED]
Subject: [REDACTED] Time Sheet

CLIENT: _____ SoCal CODE: _____

Lee Anne Foster

From: [REDACTED]
Sent: Monday, October 20, 2014 3:22 PM
To: time
Subject: FW: [REDACTED] Time Sheet
Attachments: [REDACTED] Time Sheet 20141018.xls; ATT00001.txt

Approved

From: [REDACTED]
Sent: Monday, October 20, 2014 12:12 PM
To: [REDACTED]
Subject: [REDACTED] Time Sheet

TIME PERIOD: 10/18/2014
WEEK ENDING

EMPLOYEE ID#: [REDACTED]

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: Welding Inspector

CLIENT: SoCal CODE:

Partial Time Sheet, NO
Returning Next Week: YES

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

| OVERHEAD ACCOUNT NUMBER | Sunday HOURS | Monday HOURS | Tuesday HOURS | Wednesday HOURS | Thursday HOURS | Friday HOURS | Saturday HOURS | TOTALS |
|---------------------------------------|-----------------|-----------------|------------------|--------------------|-------------------|-----------------|-------------------|--------|
| 550340602 POW 82027 / LN 45-120 SEC 2 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| WORK RELATED MILEAGE | | | | | | | | |
| PER DIEM (Yes or No) | Y | Y | Y | Y | Y | Y | Y | 7 |
| EQUIPMENT | N | Y | Y | Y | Y | Y | Y | 6 |

Cell Phone Y

Computer & Printer Y

Digital Camera Y

DAYS WORKED

Equipment shall be paid on days worked only. All allowances shall be PRE-APPROVED by Client. WEEK ENDS ON SATURDAY!

STATE OF JOB LOCATION: California

ACTUAL HOURS
WORKED

FIELD SUPERVISOR: [REDACTED]

FIELD SUPERVISOR PHONE # [REDACTED]

EMPLOYEE CELL / WORK PHONE # [REDACTED]

EMPLOYEE EMAIL ADDRESS: [REDACTED]

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 deducted from future compensation or reimbursed to the Company by the employee.

EMPLOYEE SIGNATURE: [REDACTED]

CLIENT SIGNATURE: [REDACTED]

EMAIL TIME SHEETS TO: [REDACTED]
(OR) FAX TIME SHEETS TO: [REDACTED]

() NOTE PRIMARY ADDRESS CHANGE

() NOTE FIELD LOCATION ADDRESS CHANGE

Primary W-4 Residence
Street Address [REDACTED]

Actual City / State / Zip of
work location 555 W 5th Street Los Angeles, CA 90024

Lee Anne Foster

From: [REDACTED]
Sent: Monday, October 20, 2014 3:22 PM
To: time
Subject: FW: [REDACTED] Time Sheet
Attachments: [REDACTED] Time Sheet 20141018.xls; ATT00001.txt

Approved

From: [REDACTED]
Sent: Monday, October 20, 2014 12:12 PM
To: [REDACTED]
Subject: [REDACTED] Time Sheet

SOUTHERN CALIFORNIA GAS COMPANY
WEEKLY TIMESHEET

Subcontractor Name XXXXXXXXXX
Week Ending Date XXXXXXXXXX PAGE 2 of 3 of timecards WE 10/18/14 (shows approved hourly rate, Project number)

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

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

| Employee Name | Title | Billing Rate | Hours by Project | | Total Hours | Total Spend |
|---------------|------------------------------------|--------------|--|---|-------------|-------------|
| | | | Project # W9Y14096 Valve- Palowalla Bundle SoCalGas | Project # W9Y14007 Line 45-120 Sec 2 Sempra PSEP WBS# WBS#W9Y120 02-874048 | | |
| | Welding Inspector - Certified - ST | RO5660040602 | | | | |
| | Welding Inspector - Certified - OT | | | | | |
| | Welding Inspector - Certified - DT | | | | | |
| | SR Construction Manager | | | | | |
| | NACE Certified / DT | | | | | |
| | Utility Inspector / ST | | | | | |
| | Utility Inspector / OT | | | | | |
| | Utility Inspector - DT | | | | | |
| | Chief Inspector / ST | | | | | |
| | Chief Inspector / OT | | | | | |
| | Chief Inspector / DT | | | | | |
| | Welding Inspector - Certified - ST | | | | | |
| | Welding Inspector - Certified - OT | | | | | |
| | Welding Inspector - Certified - DT | | | | | |
| | NACE Certified / ST | | | | | |
| | NACE Certified / OT | | | | | |
| | NACE Certified / DT | | | | | |
| | SR Construction Manager | | | | | |
| | Utility Inspector / ST | | | | | |
| | Utility Inspector / OT | | | | | |
| | Utility Inspector - DT | | | | | |
| | Utility Inspector - DT | | | | | |
| | Chief Inspector / ST | | | | | |
| | Chief Inspector / OT | | | | | |
| | Chief Inspector / DT | | | | | |
| | Welding Inspector - Certified - ST | | | | | |
| | Welding Inspector - Certified - OT | | | | | |
| | Welding Inspector - Certified - DT | | | | | |
| | NACE Certified / ST | | | | | |
| | NACE Certified / OT | | | | | |
| | NACE Certified / DT | | | | | |
| | Chief Inspector / ST | | | | | |
| | Chief Inspector / OT | | | | | |
| | Chief Inspector / DT | | | | | |
| | NACE Certified / ST | | | | | |
| | NACE Certified / OT | | | | | |
| | NACE Certified / DT | | | | | |
| | Chief / Senior Inspector ST | | | | | |
| | Chief / Senior Inspector OT | | | | | |
| | Chief / Senior Inspector DT | | | | | |
| | Welding Inspector - Certified - ST | | | | | |
| | Welding Inspector - Certified - OT | | | | | |
| | Welding Inspector - Certified - DT | | | | | |
| | Welding Inspector - Certified - ST | | | | | |
| | Welding Inspector - Certified - OT | | | | | |
| | Welding Inspector - Certified - DT | | | | | |
| | NACE Certified / ST | | | | | |
| | NACE Certified / OT | | | | | |
| | NACE Certified / DT | | | | | |
| | NACE Certified / ST | | | | | |
| | NACE Certified / OT | | | | | |
| | NACE Certified / DT | | | | | |
| | Utility Inspector / ST | | | | | |
| | Utility Inspector / OT | | | | | |
| | Utility Inspector - DT | | | | | |
| | SR Construction Manager | | | | | |
| | NACE Certified / ST | | | | | |
| | NACE Certified / OT | | | | | |
| | NACE Certified / DT | | | | | |
| | Chief Inspector / DT | | | | | |
| | Estimator | | | | | |
| | Welding Inspector - Certified - ST | | | | | |
| | Welding Inspector - Certified - OT | | | | | |
| | Welding Inspector - Certified - DT | | | | | |
| | Welding Inspector - Certified - ST | | | | | |
| | Welding Inspector - Certified - OT | | | | | |
| | Welding Inspector - Certified - DT | | | | | |
| | Welding Inspector - Certified - ST | | | | | |
| | Welding Inspector - Certified - OT | | | | | |
| | Welding Inspector - Certified - DT | | | | | |
| | Senior Inspector / ST | | | | | |
| | Senior Inspector / OT | | | | | |
| | Senior Inspector / DT | | | | | |
| | Welding Inspector - Certified - ST | | | | | |
| | Welding Inspector - Certified - OT | | | | | |
| | Welding Inspector - Certified - DT | | | | | |
| | Chief Inspector / DT | | | | | |

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
- ☒ Hours billed match weekly timesheets

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

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

N/A ☐ Pre-authorization forms provided for all lodging and air travel expenses


N/A ☐ 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

N/A ☐ Review invoice and deliverable(s) to verify what was paid or been obtained.

☒ Pre-authorization for any overtime being billed

Reviewer: 

Invoice number: 2202962

PM: 



Mail content report generated by COLLECTOR

From:

[REDACTED]

Sent: Tuesday, January 06, 2015 9:57 AM

To: AP_Invoices_SCG

Subject:

[REDACTED]

Attachments: COL_26A59001.pdf

Attached you will find the following reviewed invoice.

[REDACTED]

Please advise if any additional information is needed.

Thank you,

[REDACTED]

SoCalGas PSEP

555 W 5th St, 23-098

[REDACTED]



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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 document | | | | | |
|--|--------------------------|--------------|------------|-------------|------|
| Doc. Number | 5100901777 | Company Code | 2200 | Fiscal Year | 2015 |
| Doc. Date | 10/18/2014 | Posting Date | 02/10/2015 | Period | 02 |
| Calculate Tax | <input type="checkbox"/> | | | | |
| Ref.Doc. | 2202962 | | | | |
| Doc. Currency | USD | | | | |

| Itm | PK | Account | Account short text | Tx | CoCd | Cost Ctr | Order | Act | Amount | Text |
|-----|----|---------|----------------------|----|------|-----------|-------|-----|--------|--------------------------|
| 1 | 31 | 116275 | | IO | 2200 | | | | | |
| 2 | 81 | 6221110 | SRV-PSEP ENG & CONST | IO | 2200 | 2200-2432 | | | | L45-120 Sec2 03.02.02 OP |

[Redacted]

Tel. [Redacted]
Fax [Redacted]

REVIEWED
By [Redacted] Accounts Payables at 8:30 am, Jan 12, 2015

RECEIVED
By [Redacted] at 1:40 pm, Dec 22, 2014

Southern California Gas Co. PSEP

Accounts Payable Department
[Redacted]

| | | |
|-----------------|------------------|-------|
| Invoice | | 1 / 4 |
| Invoice Number | [Redacted] | |
| Date | November 21 2014 | |
| Client Number | [Redacted] | |
| Contract Number | [Redacted] | |
| Order | [Redacted] | |
| [Redacted] | | |

RTD Reference
Customer Reference

Location:
Attn: [Redacted]
WOA# [Redacted] Line 45-120 Sec. 2

Job Sheet

| | | | Net |
|----------------------|---|-----|------------|
| 07.011505/069/298.01 | Ticket:7.0344.20141025.1 - Date:10/25/2014 [wk43] RT + PT as directed. | USD | [Redacted] |
| 07.011505/069/300.01 | Ticket:7.0344.20141027.1 - Date:10/27/2014 [wk44] RT + PT as directed. | USD | [Redacted] |
| 07.011505/069/301.01 | Ticket:7.0344.20141028.1 - Date:10/28/2014 [wk44] RT + PT as directed. | USD | [Redacted] |
| 07.011505/069/302.01 | Ticket:7.0344.20141029.1 - Date:10/29/2014 [wk44] RT + PT as directed. | USD | [Redacted] |

See specification on next page(s)

| | | |
|--|----------------|------------|
| Pro forma: [Redacted] Payment in 30 days from date of invoice - Payment due Dec 21 2014 | Subtotal USD | [Redacted] |
| | Sales Tax USD | [Redacted] |
| | Amount due USD | [Redacted] |
| [Redacted] | | |
| [Redacted] | | |

Invoice

2 / 4

Invoice Number

Date

November 21 2014

Job Sheet: 07.011505/069/298.01

CRef:WOA#

^Line 45-120 Sec. 2 - Ticket:7.0344.20141025.1 -

Date:10/25/2014

Location: N[wk43] RT + PT as directed.

Description of Work:

Attn:

7.0344.20141025.1

PSEP 5660030278

Line 45-120 Sec 2

Work location**Item****Qty****Unit****Price****Net**

X-Ray IR-192 Overtime

Per Diem

Film 3½ x 17

Truck Charge

Disposal Fee

Discount

Remark

AR REP:

Inquiries:

Job Sheet total: USD

Job Sheet: 07.011505/069/300.01

CRef:WOA#

^Line 45-120 Sec. 2 - Ticket:7.0344.20141027.1 -

Date:10/27/2014

Location: N[wk44] RT + PT as directed.

Description of Work:

Attn:

7.0344.20141027.1

PSEP 5660030278

Line 45-120 Sec 2

Work location**Item****Qty****Unit****Price****Net**

X-Ray IR-192 Regular time

X-Ray IR-192 Overtime

Per Diem

Film 3½ x 17

Truck Charge

Disposal Fee

Discount

Remark

AR REP:

Inquiries:

Job Sheet total: USD

Invoice

3 / 4

Invoice Number

Date

November 21 2014

Job Sheet: 07.011505/069/301.01

CRef:WOA# 82027^Line 45-120 Sec. 2 - Ticket:7.0344.20141028.1 -
Date:10/28/2014

Location: [REDACTED] N[wk44] RT + PT as directed.

Description of Work:Attn: [REDACTED]
7.0344.20141028.1
PSEP 5660030278
[REDACTED] Line 45-120 Sec 2**Work location****Item****Qty****Unit****Price****Net**

X-Ray IR-192 Regular time

X-Ray IR-192 Overtime

Per Diem

Film 3½ x 17

Truck Charge

Disposal Fee

Discount

Remark

AR REP:

Inquiries:

Job Sheet total: USD

Job Sheet: 07.011505/069/302.01

CRef:WOA# 82027^Line 45-120 Sec. 2 - Ticket:7.0344.20141029.1 -
Date:10/29/2014

Location: [REDACTED] N[wk44] RT + PT as directed.

Description of Work:Attn: [REDACTED]
7.0344.20141029.1
PSEP 5660030278
[REDACTED] 45-120 Sec 2**Work location****Item****Qty****Unit****Price****Net**

X-Ray IR-192 Regular time

X-Ray IR-192 Overtime

Per Diem

Film 3½ x 17

Truck Charge

Disposal Fee

Discount

Remark

AR REP:

Inquiries:

Invoice

4 / 4

Invoice Number

[REDACTED]

Date

November 21 2014

Job Sheet total: USD

[REDACTED]

[REDACTED]

Field Ticket

| | | |
|--|--|--|
| | Contact Information Person Calling In: [REDACTED] Company: SoCal Gas Phone/Cell #: [REDACTED] Email: [REDACTED] | Department: [REDACTED] 7.0344.20141025.1 |
|--|--|--|

| | | | | | | |
|--|--|--|--------------------|---------------|---|--|
| Customer #: 107.CUS000852 Customer: Southern California Gas Co. - 4 Street Address: [REDACTED] City, State, Zip: [REDACTED] | Axapta Order '07.011505 Project Name: PSEP 5660030278 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date 10/25/2014</td> <td style="width: 50%;">Ticket # 1</td> </tr> <tr> <td colspan="2">Customer Charge Code #1: WOA# [REDACTED]</td> </tr> </table> | Date 10/25/2014 | Ticket # 1 | Customer Charge Code #1: WOA# [REDACTED] | |
| Date 10/25/2014 | Ticket # 1 | | | | | |
| Customer Charge Code #1: WOA# [REDACTED] | | | | | | |

| | | |
|---|--|--|
| Job Location: [REDACTED] | Authorized Rep and Phone Number: [REDACTED] | Customer Charge Code #2: Line 45-120 Sec. 2 |
|---|--|--|

| | | |
|--|---|--------------------------|
| Job Description: RT + PT as directed. | Project Foreman and Phone Number: [REDACTED] | Customer Charge Code #3: |
|--|---|--------------------------|

| RESOURCES | Onshore | CUSTOMER BILLED HOURS | |
|--|-----------|-----------------------|-----------|
| Main Technician Name | Hour Type | Type of Work | TOTAL HRS |
| <div style="background-color: black; color: black; height: 30px; width: 100%;"></div> <div style="text-align: right; font-size: small;">Employee # EM.107.0344</div> | OT | X-Ray IR-192 Overtime | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Assistant 1 Name: | Description | Type of Work | TOTAL HRS |
|--|-------------|-----------------------------------|-----------|
| <div style="background-color: black; color: black; height: 30px; width: 100%;"></div> <div style="text-align: right; font-size: small;">Employee # EM.999.0143</div> | RT | | |
| | OT | Included Assistant Hours Overtime | |
| | DT | | |
| | TT | | |

| Assistant 2 Name: | Description | Type of Work | TOTAL HRS |
|--|-------------|--------------|-----------|
| <div style="background-color: black; color: black; height: 30px; width: 100%;"></div> <div style="text-align: right; font-size: small;">Employee #</div> | RT | | |
| | OT | | |
| | DT | | |
| | TT | | |

| COMMENTS | PRIMARY ITEMS | QUANTITY |
|------------------------|-----------------|----------|
| AR RCVD NOV 06 2014 | Per Diem | 2 |
| | Film 3 1/2 x 17 | 63 |
| | TRUCK | 12 |
| | DISPATCH | 1 |
| | | |
| | | |
| | | |
| | | |

| | |
|--|---|
| TEAM VIXR INFO Site Supervisor: [REDACTED] Phone: [REDACTED] Email: [REDACTED] | Total Price: [REDACTED] Email Addresses Customer: [REDACTED] Field Supervisor Financial Supervisor |
|--|---|

Version #07

Date Updated: 9.19.14

By: Tabitha Vincent

10.000304



RECEIVED

NOV 04 2014

SHIP'D NOV 06 2014

BK-D-350

Field Ticket

| | | | |
|--|---|------------------------|-------------------|
| | Contact Information | | |
| | Person Calling In: [REDACTED] | | |
| | Company: SoCal Gas | | |
| | Phone/Cell #: [REDACTED] Email: [REDACTED] | | |
| | | Department: [REDACTED] | 7.0344.20141027.1 |

| | | | | |
|--|---------------------------|--|---------------------------------|-----------------|
| Customer #: 107.CUS000852 Customer: Southern California Gas Co. - 4 Street Address: [REDACTED] City, State, Zip: [REDACTED] | Axapta Work Report | | Date | Ticket # |
| | [REDACTED] | | 10/27/2014 | 1 |
| | Project Name: | | Customer Charge Code #1: | |
| | PSEP 5660030278 | | WOA# [REDACTED] | |

| | | |
|----------------------|---|---------------------------------|
| Job Location: | Authorized Rep and Phone Number: | Customer Charge Code #2: |
| [REDACTED] | [REDACTED] | Line 45-120 Sec. 2 |

| | | |
|-------------------------|--|---------------------------------|
| Job Description: | Project Foreman and Phone Number: | Customer Charge Code #3: |
| RT + PT as directed. | [REDACTED] | |

| RESOURCES | | CUSTOMER BILLED HOURS | | |
|---|-------------------|---------------------------------------|------------|--|
| Main Technician Name | Onshore Hour Type | Type of Work | TOTAL HRS | |
| [REDACTED] Employee # EM.107.0344 | RT | X-Ray IR-192 Regular time | [REDACTED] | |
| | OT | X-Ray IR-192 Overtime | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Assistant 1 Name: [REDACTED] Employee # EM.999.0143 | Description | Type of Work | TOTAL HRS | |
| | RT | Included Assistant Hours Regular Time | [REDACTED] | |
| | OT | Included Assistant Hours Overtime | | |
| | DT | | | |
| TT | | | | |
| Assistant 2 Name: [REDACTED] Employee # | Description | Type of Work | TOTAL HRS | |
| | RT | | | |
| | OT | | | |
| | DT | | | |
| | TT | | | |

| COMMENTS | PRIMARY ITEMS | QUANTITY |
|--------------------------------------|-----------------|----------|
| [REDACTED] AR RCVD NOV 06 2014 | Per Diem | 2 |
| | Film 3 1/4 x 17 | 17 |
| | TRUCK | 11 |
| | DISPOSAL | 1 |
| | | |
| | | |

| | | |
|-----------------------------|----------------------------------|--------------------------------------|
| TEAM VIXR INFO | | Total Price: [REDACTED] |
| Site Supervisor: [REDACTED] | Field Supervisor: [REDACTED] | Email Addresses Customer: [REDACTED] |
| Phone: [REDACTED] | Financial Supervisor: [REDACTED] | |
| Email: [REDACTED] | | |

Version #07

Date Updated: 9.19.14

By: Tabitha Vincent

10.000304



RECEIVED

NOV 04 2014

SHIP'D NOV 06 2014

BK-D-351