۲,		Field	Ticket				
			act Information	I			
		Person Calling In:					
			SoCal Gas				
		Phone/Cell #:					
		Email:		Department: 7.0344.2014	1028.1		
Customer #: 107.CUS000852	-			Date	Ticket#		
Customer #: 107.003000832 Customer: Southern California Gas	Co -4	Axa	ota Work Report	10/28/2014	1		
	cu. •4		-dash Nama	Customer Charge Code #1:			
Street Address: City, State, Zip:			roject Name: EP 5660030278	WOA# WOA#			
				J			
ob Location:		Authorized Rep and P	hone Number:	Customer Charge Code #2:			
				Line 45-120 Sec. 2			
ob Description:		Project Foreman and	Phone Number:	Customer Charge Code #3:			
RT + PT as directed.			CUSTOMER BI	ILED HOLIDS			
RESOURCES Main Technician Name	Onshore	<u> </u>	Type of Work	ILLED HOOKS	TOTAL HRS		
Main Jechindah Mains	Hour Type RT	X-Ray IR-192 Regular t					
	OT	X-Ray IR-192 Overtime					
Employee #							
EM.107.0344					•		
					<u> </u>		
Assistant 1 Name:	Description		Type of Work		TOTAL HRS		
	RT	Included Assistant Ho	uded Assistant Hours Regular Time				
	от	Included Assistant Ho	urs Overtime				
Employee #	DT						
EM.999.0143	π						
Assistant 2 Name:	Description		Type of Work		TOTAL HRS		
	RT				<u> </u>		
	OT						
Employee #	DT						
	π						
COMMENTS			PRIMAI Per Diem	RY ITEMS	QUANTITY		
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	1404.00]		
THE STAND IN INC.				Total Price			
TEAM VIXR INFO Site Supervisor:			1	Email Addresses Customer:			
Phone: 0			Field Supervisor				
Email:			Financial Supervisor	· L			
		By: Yabitha Vincent			10.000304		
Version #07 Date Updated:9.19							

		Field	Ticket		
		Cont	act Information		
		Person Calling In:			
		Company:	SoCal Gas		
		Phone/Cell #:		Department:	
		Email:		7.0344.2014	1029.1
100000000000000000000000000000000000000				Date	Ticket#
Customer #: 107.CUSÓÓ0852 Customer: Southern California Gas	- 4	Ахар	ta Work Report	10/29/2014	1
	-04			Customer Charge Code #1:	
Street Address:			oject Name: P 5660030278	WOA#	
City, State, Zip:		PSE	P 5660030278		
b Location:		Authorized Rep and P	hone Number:	Customer Charge Code #2:	
				Line 45-120 Sec. 2	
b Description:		Project Foreman and	Phone Number:	Customer Charge Code #3:	
T + PT as directed.					
RESOURCES	Onshore		CUSTOMER BI	LLED HOURS	
Main Technician Name	Hour Type		Type of Work		TOTAL HRS
	RT	X-Ray IR-192 Regular t	ime		
	ОТ	X-Ray IR-192 Overtime			
Employee #					
EM.107.0344					
				<u> </u>	
			•		
Assistant 1 Name:	Description		Type of Work		TOTAL HRS
	RT	Included Assistant Ho	urs Regular Time		
	ОТ	Included Assistant Ho	urs Overtime		
Employee #	DT				
EM.999.0143	77				
Assistant 2 Name:	Description		Type of Work		TOTAL HRS
Assistant 2 Name.	RT	<u> </u>			
1	OT				1
		<u> </u>		<u>,</u>	
Employee #	DT	<u> </u>			
	П]			<u> </u>
			PRIMA	RY ITEMS	QUANTITY
COMMENTS		 	Per Diem	<u> </u>	2
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		A 201A			
	NUV U	6 2014			أـــــال
				Approximate part to a	.
TEAM VIXR INFO			7	Total Price Email Addresses Customer:	
Site Supervisor: Phone: 0			Field Supervisor		
Email:			Financial Supervisor		
Litture			`		
	.14	By: Tabitha Vincent			10.000304

RECEIVED

SHP'D NOV 06 2014

Invoice Check List

Vendor has provided an Invoice that includes the following: /Includes Vendor/Contractors address Date of the invoice ຢູ່ 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. 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. NA O Pre-authorization for any overtime being billed Invoice number: Reviewer:

Vendor:

PM:

Mail content report generated by COLLECTOR From: Monday, January 12, 2015 1:29 PM Sent: AP_Invoices_SCG To: 107.PIN0318484 Subject: Attachments: COL_2CE32011.pdf Attached you will find the following reviewed invoice. 107.PIN0318484 Please advise if any additional information is needed. Thank you, SoCalGas PSEP

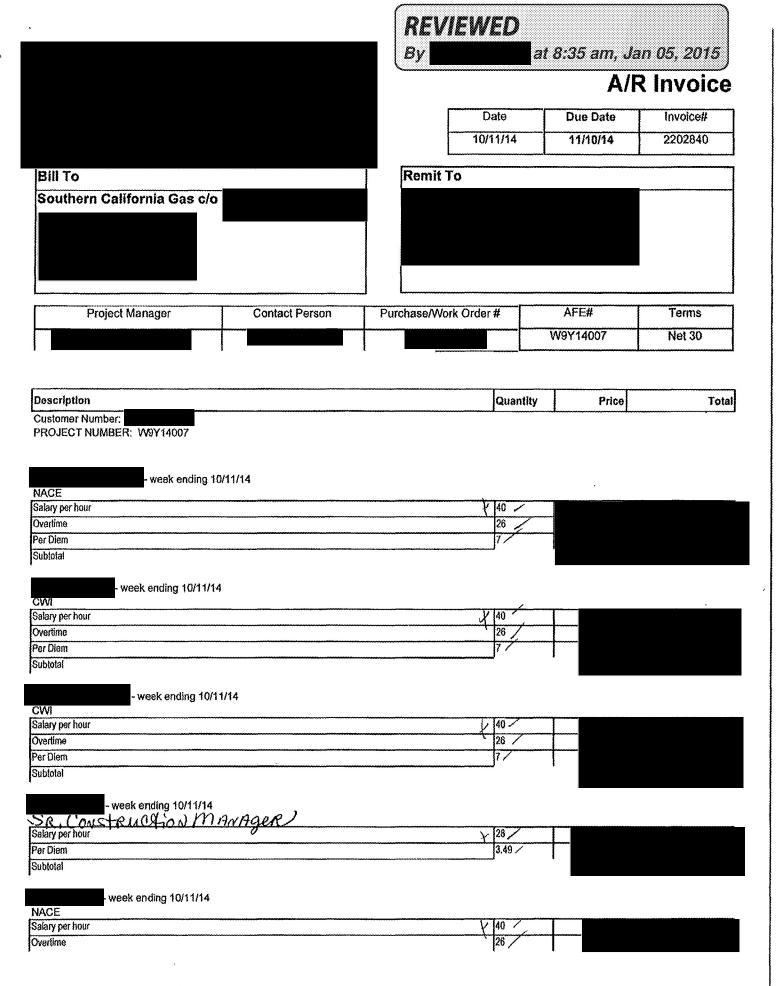
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This email originated outside of Sempra Energy. Be cautious of attachments, web links, or requests for information.

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	IO	2200	2200-2432				L45-120 Sec2 03.02.02 OP



A/R Invoice Date **Due Date** Invoice# 10/11/14 11/10/14 2202840 Bill To Remit To Southern California Gas c/o Project Manager AFE# **Contact Person** Purchase/Work Order# Terms W9Y14007 Net 30 Description Quantity Price Total Per Diem Subtotal week ending 10/11/14 CHIEF Salary per hour V 40 Overtime 26/ Per Diem Subtotal week ending 10/11/14 CWI Salary per hour × 40/ Overtime 26 Per Diem Subtotal week ending 10/11/14 UTILITY + 40 / Salary per hour 26 -Overtime Per Diem Subtotal - week ending 10/11/14 CWI × 40 / Salary per hour Overtime 26 / Per Diem Subtotal week ending 10/11/14 NACE Salary per hour 40 -Overtime 26 Per Diem Subtotal

A/R Invoice Date **Due Date** Invoice# 10/11/14 11/10/14 2202840 Bill To Remit To Southern California Gas c/o AFE# Project Manager Contact Person Purchase/Work Order # Terms W9Y14007 Net 30 Description Quantity Price Total week ending 10/11/14 UTILITY Salary per hour × 40 / Overtime 26 ~ Per Diem Subtotal week ending 10/11/14 CWI X 40 / Salary per hour 26 / Overtime Per Diem Subtotal - week ending 10/11/14 CWI Salary per hour 40 / Overtime

Subtotal

Tax

Total

Per Diem Subtotal

OVERTIME REQUEST FORM - Southern California Gas Company

Subcontractor Name	
Subcontract Number	(oCalG≥)

Project No W9Y14007
Project Name Line 45 - 120 Section 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 overture is necessary and authorized in advance we this Overture Request Form, Subcontractor is alignlife for compensation for non-exampt employees at the Overture Rates established in the latest version of the Subcontractor Roster. If no such Overture Rate exists, Subcontractor shall be compensated at the Bulling Rate stated in the Subcontractor Roster.
 - 3 Subcontractor shall be compensated for exempt employees at the Billing Rates established in the latest version of the Subcontractor Roster. It is expected that exempt employees may incur overtime without extra compensation, however, and overtime missistall be documented herein and approved in advance.

PLANNED OVERTIME

- 4 Planned Overtime required for a lamined time period (one month or less). Requires pre-approval via this Overtime Request Form as follows:
 - s Functional/Discipline Manager (at applicable)
 - # Project Manager
- III Sempra Project Manager
- 5 Blanket Overtime A blanket overtime request for an extended pencel (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:
 - All approvals required by Note 4 (above)x
 - II Jacobs Project Director

					PLANNED	DAEKIIMIE								
Employee Name	Title	Exemption Status	Applicable Rate*	(W/E Date)	(W/E Date)	(W/E Date)	(W/E Date)	WE 10/11/14	(W/E Date)			Total Hours	Total	Spand
	Welding inspector - OT	Non - Exempt	\$79 82	(W/E Date)	(W/: Date)	(W/E Date)	(W/E Date)	26	(W/E Date)	(W/E Date)	(W/E Date)	26	š	
	Chief Inspector - CT	Non-Exempt	\$85.77				-	25		 			Š	
ĺ	Utility Inspector - OT	Non - Exempt	561 98					26		 			Š	•
i	Welding Inspector - OT	Non-Exempt:	579 82					26		 		26	\$	
1	NACE Inspector - OT	Non - Exemp:	\$73 88					26				26	5	
j	Welding Inspector - OT	Non-Exempt	579 82					26					Š	
Ì	Welding Inspector - CT	Non - Exemp:	\$79 82					26					\$	
j .	NACE Inspector - CT	Non-Exemps	573 88					26					5	
	Utility Inspector - OT	Non - Exempt	\$61.98					25				26	\$	
1	NACE inspector-OT	Non - Etempi:	\$73.88					26				26	S	
	Welding Inspector - OT	Non « Exempt	579 82					26		1			S	
	Welding Inspector-OT	Non - Exempt	\$79.82				-	26					s	
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	ling Rate or Overtime fails as estab		Hours	0	0	0	.0	312	0	0	0			
	en employee based on their exemp	tion status (exempt or	Cost	\$ -	\$ -	\$ -	\$.	Ś	\$ -	\$.	\$ -	372	\$	
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APPROVALS							-							
Planned Overtime							-				Blanket Overtime			
Functional/ Discipline Planag	er las aughcable)		Project Manager								Project Director			
Leucronary tyrophine i series	Set fee althresional		Loloct Manufal							_	Project Director			
1										14	1.1			
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Signature and Date		-	Signature and Date			. 6				/ /	Signature and Date			
THE STREET WATER			MENSON A BUT TIETE							,	Selection of State			
1														
Printed Name		-	Printed Name			•	Printed Name			-	Printed Name			
Trancos tenne			1 ISHUEU MOINE				, three Nemie				Territor Matte			





TIME PERIOD: 10/11/2014
WEEK ENDING

EMPLOYEE ID#: 147188

EMPLOYEE NAME:

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	
	OVERHEAD ACCOUNT NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
AFE	/ LN 45-120 SECTION 2 / PO# 82027	0	11	11	11	11	11	11	66
									0
				1					0
									0
									0
									0
WORK RELATED MIL	EAGE								0
PER DIEM (Yos or No	p}	Y	Y	Y	Y	Y	Y	Y	7
EQUIPMENT		N	Y	Y	Y	Y	Y	Y	5
Cell Phone	6	Computer & Printer	6		Digital Camera	6		AYS WORKED	6
	Equipment shall be paid on			hall be <u>PRE-AP</u>	PROVED by Cli	ent. WEEK END	IS ON SATURD,	AY!	······································
		•			*			ACTUAL HOURS	66
	STATE OF JOB LOCATIO	N:	California					WORKED	

Equipment shall be paid on da	s worked only. All allowances shall be PRE-AP	PROVED by Client. WEEK ENDS	S ON SATURDAY!	
			ACTUAL HOURS	66
STATE OF JOB LOCATION	California		WORKED	
		the best of your knowledge and that you charges or unauthorized charges will be	wiedge that the information on this time shee are sligible for everything you are submitting deducted from future compensation or rein	for. Any over
FIELD SUPERVISOR		Con-	pany by the employee.	
FIELD SUPERVISOR PHONE #				
,	Dsempraulilities.com	EMPLOYEE SIGNATURE:		
EMPLOYEE CELL / WORK PHONE #		CLIENT SIGNATURE:		
EMPLOYEE EMAIL ADDRESS	@yahoo.com	EMAIL TIME SHEETS TO:		
		(OR) FAX TIME SHEETS TO:		
() NOTE PRIMARY ADDRESS CHANGE	•	() NOTE FIELD LOCATIO	N 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





TIME	PERIOD:	10/11/2014
	•	MEEK EMBING

EMPLOYEE ID#: 147282

EMPLOYEE NAME:

CLASSIFICATION: Certified Welding 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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
OVERHEAD ACCOUNT NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
AFE. P.O. 82027		11	11	11	11	11	11	68
ORK RELATED MILEAGE		7						
ER DIEM (Yes or No)	Y	Y	Υ	Y	Y	Y	Y	7
QUIPMENT	N	Y	Y	Y	Υ	Ÿ	Y	6
Ceil Phone Y	Computer & Printer_	Υ		Digital Camera	ΥΥ	ַ	AYS WORKED	6
Equipment shall be pai	d on days worked only. All	allowances s	hall be <u>PRE-AP</u>	PROVED by Cli	ent: WEEK END	S ON SATURD,	AYI ACTUAL HOURS	66

CON FINITE I	Compania ar in	(re) I	DiBirgi Cottiera 1	DATS HORRED	- 0
Equipment shall be paid	on days worked only	. All allowances shall be Pl	RE-APPROVED by Client: WEEK END	S ON SATURDAY!	
				ACTUAL HOURS	66
STATE OF JOB LOCA	TION:	California		WORKED	
FIELD SUPERV	Jeop.		the best of your knowledge and that you charges or unauthorized charges will be	wiedge that the information on this time she I are eligible for everything you are submittine deducted from future compensation or reli	g for. Any over
FIELD SUPERV	130K.			mpany by the employee.	
FIELD SUPERVISOR PHO	ONE#				
		@sempraublities.com	EMPLOYEE SIGNATURE:		
EMPLOYEE CELL / WORK PHO	ONE#		CLIENT SIGNATURE:	M	
EMPLOYEE EMAIL ADDR	RESS:	@gmail.com	EMAIL TIME SHEETS TO:		
		<u>-</u>	(OR) FAX TIME SHEETS TO:		
() NOTE PRIMARY ADDRESS CHANGE			() NOTE FIELD LOCATION	ON ADDRESS CHANGE	L
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



TIME PERIOD: 10/11/2014 WEEK ENDING

EMPLOYEE ID #:

900008

EMPLOYEE NAME:

CLASSIFICATION: Welding Inspector

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

NO YES

CLIENT:

SoCal CODE: A0

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AFE# NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
PO#82027 LN 45-120 Sec 2	 	11	.11	11	11	11	11	66
								0
								0
CAMERA	0	YES	YES	YES	YES	YES	YES	6
COMPUTER	0	YES	YES	YES	YES	YES	YES	6
NORK 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:	ı@gmail.com	DAYS WORKED	6
FIELD SUPERVISOR (Print Name)	accurat	submitting this time sheet, you acknot te to the best of your knowledge and it s or unauthorized charges will be dedu Company	hat you are eligible for all submitted it	tems. Any over
FIELD SUPERVISOR PHONE #_		EMPLOYEE SIGNATURE:		
EMPLOYEE WORK PHONE #_		CLIENT SIGNATURE:		
EMPLOYEE CELLULAR PHONE#		EMAIL TIME SHEETS TO: or Fax to:		
Project Manager (Print Name	Pr	oject Manager Phone :		············
() NOTE PRIMARY ADDRESS CH Primary W-4	ANGE ()N	OTE FIELD LOCATION	ADDRESS CHANGE	
Residence Street Address:	Actu	ual City / State / Zip of work location 555 \	W 5th Street Los Angeles, (CA 90024 Rev 0





TIME F	ERIOD:	10/11/20

WEEK ENDING

EMPLOYEE ID#:

144769

EMPLOYEE NAME:

CLASSIFICATION: Senior Construction Manager

CLIENT:

SoCal CODE:

Final Time Sheet: Returning Next Week: NO YES

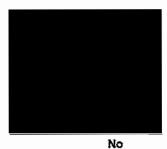
MUST BE IN TIR OFFICE BY 8:00 AM SUNDAY FOR PAYROLL PROCESSING

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Seturday	
WO# / AFE# NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
92021								۵
LN - 45-120 sec - 2 WB3# 2.5		3	5	4	7	3	- 6	28
LN 33-120 sec - 3 WBS# 1.3	4200	1	1	2	2	1		7
LN 33-121 - WBS# 1.3	\$2000		1			1 _		2
LN 404 -sec 3/4/5 WBS# 1.3	25380	3	2	2		3		10
L 406 sections 2.2A.3 WBS# 1.3	15414	3	1	2	1	2		9
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			1					0
			1					0
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	l		£					Q
								0
WORK RELATED MILEAGE								0
PER DIEM (Yes or No)	Yes	Yes	Yes	Yes	Yes	Yes	Yos	7
EQUIPMENT	NO	Yes	Yes	Yes	Yes	Yan	Yes	8

Cell Phone YES Comput	er & Printer <u>YE</u>	s	Digital Camera	YES	DAYS WORKED	6
Equipment shall be paid or	days worked only.	All allowances sha	II be PRS-APPROVE	D by Client.	WEEK ENDS ON SATURDAY!	
					ACTUAL HOURS	56
STATE OF JOB LOCATION:	Californ	ija			WORKED	
			the best of your knowl	edge and that yo ced charges will	owledge that the information on this time s as are eligible for everything you are submit be deducted from future compensation or t	ting for. Any over
FIELD SUPERVISOR:		-		u	impany by the employee.	
FIELD SUPERVISOR PHONE #			EMPLOYEE S	SIGNATURE:		· · · · · · · · · · · · · · · · · · ·
	* *		CLIENT S	IGNATURE:		
EMPLOYEE CELL / WORK PHONE #			_			
EMPLOYEE EMAIL ADDRESS:	1980@y	ahoo.com	EMAIL TIME :			
) NOTE PRIMARY ADDRESS CHAN	IGE	() NOTE FIELD	LOCATION ADD	RESS CHA	NGE	
Primary W-4 Residence Street Address I			Actual City / St work loca		555 W 5th Street Los Angele	s. CA 90024

Rev 09/26/13





TIME PERIOD: 10/11/2014

WEEK ENDING

EMPLOYEE ID #:

82321

EMPLOYEE NAME:

CLASSIFICATION: NACE 2 Coating Inspector

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

Yes

CLIENT: SoCal

CODE:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AFE# NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
PO#82027 LN SL 45-120 SEC 2	0	11	11	11	11	31	11	66
								0
								0
NTV	0	0	0	0	0	0	0	0
CAMERA	Q.	11	11	11	11	11	11	66
COMPUTER	0	11	11	11	11	11	11	66
WORK RELATED MILEAGE	0	0	Đ	0	0	0	0	O
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	@yahoo.com	DAYS WORKED	6
FIELD SUPERVISOR (Print Name		accurate to the best of your knowledge charges or unauthorized charges will t	acknowledge that the information on this and that you are eligible for all submitte be deducted from future compensation or inpany by the employee.	d ilems. Any over
FIELD SUPERVISOR PHONE #		EMPLOYEE SIGNATURE:		
EMPLOYEE WORK PHONE #		CLIENT SIGNATURE:		
EMPLOYEE CELLULAR PHONE #		EMAIL TIME SHEETS TO: or Fax to:	_	
Project Manager (Print Name)		Project Manager Phone #		
() NOTE PRIMARY ADDRESS CHANGE Primary W-4		() NOTE FIELD LOCATE	ION ADDRESS CHANGE	
Residence Street Address:		Actual City / State / Zip of work location	555 West 5th Street Los Ange	les, CA 9002Bev 09/09/





TIME PERIOD: 10/11/2014
WEEK ENDING

EMPLOYEE ID#: 81916

EMPLOYEE NAME:

Final Time Sheet: NO Returning Next Week: YES

CLASSIFICATION: Chief Inspector

CLIENT: SoCal CODE:

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
OVERHEAD ACCOUNT NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS_	HOURS	HOURS	TOTALS
AFE# 45-120 SEC 2 WBS#2.5 PO# 82027		11	11	11	11	11	11	33
			<u> </u>					
				l				
YORK RELATED MILEAGE	·			 				
ER DIEM (Yes or No)	Y	Y	Y	Y	Y	Y	Y	7
QUIPMENT	N	Y	Y	Y	Y	Υ	Υ	6
						_		_
Cell Phone Y	Computer & Printer_	Y	-	Digital Camera	<u> </u>	E	AYS WORKED	6
Equipment shall be paid of	n days worked only. All	allowances s	hall be <u>PRE-AP</u>	PROVED by Clie	ent. WEEK END	S ON SATURD.	AYI	
							ACTUAL HOURS	66
STATE OF LOD LOCAT	TION!	California					HICONES -	

Cell Phone Y	Computer & Pri	interY	Digital Camera	Υ	Days Worked	6
Equipment shall i	be paid on days worked onl	ly. All allowances shall b	e PRE-APPROVED by Client. WE	EK ENDS ON SA	TURDAYI	
					ACTUAL HOURS	66
STATE OF JOI	B LOCATION:	California			WORKED	
FIELDS	UPERVISOR:		the best of your knowledge ar	nd that you are eligible	at the information on this time she e for everything you are submittin if from future compensation or rein he employee.	g for. Any over
FIELD SUPERVIS	OR PHONE #	@semorauljities.com	EMPLOYEE SIGNA	ATURE:		
EMPLOYEE CELL / WO	RK PHONE #		CLIENT SIGNA	ATURE:		
EMPLOYEE EMA	IL ADDRESS:	@yahoo.com	EMAIL TIME SHEE (OR) FAX TIME SHEE			
() NOTE PRIMARY ADDRESS CHAN	GE		() NOTE FIELD LO	CATION ADE	DRESS CHANGE	
Primary W-4 Residence Street Address:			Actual City / State / 2 work location		/ 5th Street Los Angeles,	CA 90024



Returning Next Week: (YES OR NO)



TIME PERIOD: 10/11/2014

WEEK ENDING

EMPLOYEE ID #:

900007

EMPLOYEE NAME:

CLASSIFICATION: Welding Inspector

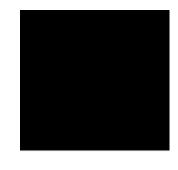
CLIENT: SO Cal

CODE: AD

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AFE# NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
/PO #82027		11	11	11	11	11	11	66
								0
_			,					0
ATV								0
CAMERA		11	11	11	11	11	11	66
COMPUTER		11	11	11	11	11	11	66
WORK RELATED MILEAGE		a	0	0	00	0	0	a
PER DIEM (YES OR NO)	YES	YES	YES	YES	YES	YES	YES	7
CELL PHONE (YES OR NO)		YES	YES	YES	YES	YES	YES	6

STATE OF JOB LOCATION: CALIFORNIA	Email Address	@vahoo.com	DAYS WORKED 6	
FIELD SUPERVISOR (Print Name)		best of your knowledge and that you a	knowledge that the information on this time sheet is accurate to re eligible for all submitted items. Any over charges or unauthor re compensation or reimbursed to the Company by the employe	orized
FIELD SUPERVISOR PHONE #		EMPLOYEE SIGNATURE		
EMPLOYEE WORK PHONE #		CLIENT SIGNATURE		
EMPLOYEE CELLULAR PHONE #		EMAIL TIME SHEETS TO:		
		or Fax to:		
Project Manager (Print Name)		Project Manager Phone #		
() NOTE PRIMARY ADDRESS CH Primary W-4	IANGE	() NOTE FIELD LOCAT	ION ADDRESS CHANGE	
Residence Street Address:	-	Actual City / State / Zip of work location	555 W 5TH STREET LOS ANGELES, CA 90024	09/09/13





TIME	PERIOD:	10/11/2014
		WEEK ENDING

EMPLOYEE ID#: 82264

EMPLOYEE NAME:

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
OVERHEAD ACCOUNT NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
								O
LN 45-120 Sec 2 WBS #2.5		11	11	11	11	11 _	17	66
PO# 82027								0
								0
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								D
WORK RELATED MILEAGE	0	Ð	0					
PER DIEM (Yes or No)	Y	Y	Y	Y	Y	Y	Y	7
EQUIPMENT	N	Y	Y	Y	Y	Υ	Y	6

Cell Phone 6 Co	mputer & Printer6	Digital Camera 6	DAYS WORKED	6
Equipment shall be paid on day	s worked only. All allowances shall be PR	E-APPROVED by Client. WEEK END	S ON SATURDAY! ACTUAL HOURS	66
STATE OF JOB LOCATION:	California		WORKED	·······
		the best of your knowledge and that you	wiedge that the information on this time she I are eligible for everything you are submittin e deducted from future compensation or rei	ng for. Any aver
FIELD SUPERVISOR:		Con	npany by the employee.	
FIELD SUPERVISOR PHONE #	@semprautilities.com	EMPLOYEE SIGNATURE:		
EMPLOYEE CELL / WORK PHONE #		CLIENT SIGNATURE:		
EMPLOYEE EMAIL ADDRESS:	@YAHQO.COM	EMAIL TIME SHEETS TO:		
		(OR) FAX TIME SHEETS TO:		
() NOTE PRIMARY ADDRESS CHANGE		() NOTE FIELD LOCATIO	ON ADDRESS CHANGE	
Primary W-4 Residence Street Address :		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:	10/11/2014

EMPLOYEE ID #:

900005

WEEK ENDING

EMPLOYEE NAME: _

Welding Inspector

CLASSIFICATION:

CLIENT:

SoCal CODE: AD

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AFE# NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
/LN 45-120 SEC 2 WBS#2.5 PO#		11	11	11	11	11	11	66
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								0
ATV	0	0	0	0	0	0	_0	0
CAMERA	0	11	11	11	11	11	11	66
COMPUTER	0	11	11	11	11	11	11	66
WORK RELATED MILEAGE	' 0	0	0	Ø	0	0	0	0
PER DIEM (YES OR NO)	YES	YES	YES	YES	YES	YES	YES	7
CELL PHONE (YES OR NO)	МО	YES	YES	YES	YES	YES	YES	6

STATE OF JOB LOCATION: California	Email Address:	@yahoo.com	DAYS WORKED	6
FIELD SUPERVISOR (Print Name)		ccurate to the best of your knowledg harges or unauthorized charges will	and a second of the second of this time and that you are eligible for all submitted be deducted from future compensation or responsible to the employee.	items. Any over
FIELD SUPERVISOR PHONE	·	EMPLOYEE SIGNATURE		
EMPLOYEE WORK PHONE	_	CLIENT SIGNATURE		
EMPLOYEE CELLULAR PHONE		EMAIL TIME SHEETS TO:		
		or Fax to:		
Project Manager (Print Name)		Project Manager Phone #		
() NOTE PRIMARY ADDRESS CHANGE Primary W-4	() NOTE FIELD LOCAT	ION ADDRESS CHANGE	
Residence Street		Actual City / State / Zip of	SEE W 5th Street Los Angeles	C4 00024 R6





TIME PERIOD: 10/11/2014 WEEK ENDING 82322

EMPLOYEE ID#:

EMPLOYEE NAME:

CLASSIFICATION: **Utility Inspector**

> SoCal CODE: CLIENT:

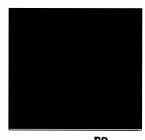
Final Time Sheet: NO Returning Next Week: YES

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
OVERHEAD ACCOUNT NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
AFE# PO#82027 LN 45-120 SEC 2 WBS#2.5		13	11	11	11	11	13	66
		 						
	 	 	 	 				
ORK RELATED MILEAGE	0	-	 					
ER DIEM (Yes or No)	Ÿ	Ÿ	Y	Y	Ÿ	Ÿ	Ÿ	7
QUIPMENT	N	Y	Y	Y	Y	Y	Y	-

Cell Phone Y	omputer & Printer Y	Digital Camera	Y DAYS WOR	KED 6
Equipment shall be paid on day	s worked only. All allowances	shall be PRE-APPROVED by Client. W	EEK ENDS ON SATURDAY!	
STATE OF JOB LOCATION:	California		ACTUAL HO WORKED	URS66
FIELD SUPERVISOR:		the best of your knowledge	et, you acknowledge that the information on this and that you are eligible for everything you are charges will be deducted from future compensa	submitting for. Any over
THE OUT ENVIOUS.			Company by the employee.	
FIELD SUPERVISOR PHONE #	മടക്സാശ്വസി	s.com EMPLOYEE SIGN	NATURE:	
EMPLOYEE CELL / WORK PHONE #		CLIENT SIGN	NATURE:	
EMPLOYEE EMAIL ADDRESS:	<u> </u>	EMAIL TIME SHE (OR) FAX TIME SHE	***************************************	
() NOTE PRIMARY ADDRESS CHANGE		() NOTE FIELD L	OCATION ADDRESS CHANG	E
Primary W-4 Residence Street Address:		Actual City / State work location	•	ngeles, CA 90024





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

no yes

TIME	PERIOD:	10/11/2014	
	-	WIERY CNOWS	

EMPLOYEE ID #: 82325

EMPLOYEE NAME:

CLASSIFICATION: UTILITY INSPECTOR

CLIENT: SoCal CODE:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AFE# NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
PO#82027-LN 45-120-SEC-2	0	11	11	11	11	11	11	- 66
STAND DOWN SAFETY MEETING								0
								Q
ATV	0	O	6	0	0	G	0	0
CAMERA	0	YES	YES	YES	YES	YES	YES	6
COMPUTER	0	YES	YES	YES	YES	YES	YES	- 6
WORK RELATED MILEAGE	0	0	Q	0	Q :	G.	0	B
PER DIEM (YES OR NO)	YES	YES	YES	YES	YES	YE\$	YES	7
CELL PHONE (YES OR NO)	0	YES	YES	YES	YES	YES	YES	5

STATE OF JOB LOCATION: CALIFORNIA	Email Address	@gmail.com	DAYS WORKED	6
		accurate to the best of your knowledge	acknowledge that the Information on this ting a and that you are eligible for all submitted it as deducted from future compensation or rei	ems. Any over
FIELD SUPERVISCR (Print Name)			ripany by the employee.	modises to file
FIELD SUPERVISOR PHONE #		EMPLOYEE SIGNATURE:		
EMPLOYEE WORK PHONE #		CLIENT SIGNATURE:		
EMPLOYEE CELLULAR PHONE #		EMAIL TIME SHEETS TO:	يستار بيه محص	
		or Fax to:		
Project Manager (Print Name		Project Manager Phone #		
() NOTE PRIMARY ADDRESS CHANGE Primary W-4		() NOTE FIELD LOGATI	ON ADDRESS CHANGE	
Residence Street Address:		Actual City / State / Zip of work location	555 W 5TH STREET LOS ANGE	ES,CA 90 6 2ev 09/09/13





TIME	PERIOD:	10/11/2014
		MEEK ENDING

EMPLOYEE ID #:

82324

EMPLOYEE NAME:

CLASSIFICATION: Welding Insp

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

CLIENT: SoCal CODE:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AFE#	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
LN 45-120 SEC 2 WBS#2.5		11	11	11	11	11	11	66
PO# 82027								ū
								D
ATV								0
CAMERA		11	11	11	11	11	11	56
COMPUTER		11	11	11	11	11	11	66
WORK RELATED MILEAGE								0
PER DIEM (YES OR NO)	Υ	У	Υ	Υ	Y	Y	Y	
CELL PHONE (YES OR NO)	И	Y	Y	Υ	γ	Y	Υ	

STATE OF JOB LOCATION: California	Email Address:	<u> Domail.com</u>	DAYS WORKED	6
FIELD SUPERVISOR (Print Name)	accurat	te to the best of your knowledge s or unauthorized charges will be	acknowledge that the information on this and that you are eligible for all submitte a deducted from future compensation of pany by the employee.	d items. Any over
FIELD SUPERVISOR PHONE #	-	EMPLOYEE SIGNATURE:		
EMPLOYEE WORK PHONE #	_	CLIENT SIGNATURE:		~
EMPLOYEE CELLULAR PHONE #	_	EMAIL TIME SHEETS TO:		
		or Fax to:	t agreement of the second	
Project Manager (Print Name)	_ Pro	oject Manager Phone i	•	
() NOTE PRIMARY ADDRESS CHANGE Primary W-4	() N	OTE FIELD LOCATION	ON ADDRESS CHANGE	
Residence Street Address:	Actu	ual City / State / Zip of work location	555 W 5th Street Los Angelo	es, CA 90024 Rev 09/09



Street Address:

OVERHEAD ACCOUNT NUMBER

PO# 82027 / LN 45-120 SEC 2



TIME PERIOD: 10/11/2014
WEEK ENDING

EMPLOYEE ID#: 82326

Thursday

HOURS

11

EMPLOYEE NAME:

CLASSIFICATION: Welding Inspector

Friday

HOURS

11

CLIENT: SoCal CODE:

Saturday

HOURS

11

TOTALS

66

Final Time Sheet: NO Returning Next Week: YES

Sunday

HOURS

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

Tuesday

HOURS

11

Monday

HOURS

11

Wednesday

HOURS

11

work location

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				-			 	· · · · · · · · · · · · · · · · · · ·
	 							
ORK RELATED MILEAGE								
R DIEM (Yas or No)	Y	Y	У	Y	У	Y	Y	7
QUIPMENT	N	Y	Υ	<u> </u>	<u>Y</u>	Y	Y	6
Cell Phone Y	Computer & Printer	Υ	r.	Digital Camera_	Y	r	AYS WORKED_	6
Equipment shalf be paid on di	ays worked only. A	il allowances sh	all be <u>PRE-AP</u>	PROVED by Clien	t. WEEK END	S ON SATURD.	AYI	
STATE OF JOB LOCATION	:	California					ACTUAL HOURS	66
							rmation on this time sh	
	_			the best of your know charges or manthor	ledge and that you lzed chames will h	ses eligible for ever	rything you are submitti ure compensation or rei	ng for, Anyou returned to it
FIELD SUPERVISOR	-			oversen en energiste		npany by the employ		
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FIELD SUPERVISOR PHONE		@semprautilities.	com	- EMDLOVEE	SIGNATURE:			
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EMPLOYEE CELL / WORK PHONE	_							
	#I			CLIENT	SIGNATURE:	·		
EMPI OYEE EMAIL ADDRESS		@bolmail co	m		•		···	
EMPLOYEE EMAIL ADDRESS		@holmail.co	m .		SHEETS TO:			
EMPLOYEE EMAIL ADDRESS) NOTE PRIMARY ADDRESS CHANGE		@hotmail.co	m	EMAIL TIME	SHEETS TO: SHEETS TO:		S CHANGE	

Rev 09/26/13

555 W 5th Street Los Angeles, CA 90024

SOUTHERN CALIFORNIA GAS COMPANY <u>WEEKLY</u> TIMESHEET

Subcontractor Name:

Week Ending Date: PAGE 2 of 3 of timecards WE 10/11/14 (shows approved hourly rate, Project numbers/description & WBS#)

INSTRUCTIONS: Subcontractor shall complete the Project #, Project Name, and WBS # for each Project which they are approved to work. Subcontract shall then apply IMPORTANT: Subcontractor's submittal, and Contractor's acceptance, of this Weekly Timesheet shall not be construed or interpreted as approval of any hours or expenses identified herein and shall not in any way alleviate.

SECTION I - LABOR

Hours by Project Project West West Hours Project West Hours West Hours H	SECTION 1 - LABOR			r				
Project # W9714099 Sec 25 serpra W9714099				Н	ours by Project	1		
welting impacts - Certified: OT	Employee Name	Title	Billing Rate	W9Y14095 Valve-Orange Bundle SoCalGas	W9Y14096 Valve-Palowalla Bundle SoCalGas	W9Y14007 Line 45-120 Sec 2 Sempra PSEP WBS# WBS#W9Y1200	Total Hours	Total Spend
weeking bespeare. Centrolies. OF 26 26 28 38 Utility Inspector / OT 40 0 0 0 0 0 0 0 0								
SR Construction Manager 28 38 38 Uhity Inspector / ST 40 Uhity Inspector - OTT 40 Uhity Inspector - OTT 40 Uhity Inspector / ST 40 Uhity Inspect		Welding Inspector - Certified - OT					26	
Utility Inspector / ST		Welding Inspector - Certified - DT					0	
Utility Inspector / OT						28		
Utility Inspector - OT 0 0								_
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Cheef Inspector / DT				-				-
S. Construction Manager						26		
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Welding Inspector - Centified - OT		Utility Inspector / OT				26	26	
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Utility Inspector / ST								-
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Chief Inspector / OT								
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Utility Inspector / ST 40 40 40								
Welding Inspector - Certified - DT								-
Utility Inspector / ST						40		-
Utility Inspector / OT								-
Utility Inspector - DT								
Senior Inspector / ST Senior Inspector / OT 20 20								
Senior Inspector / DT							40	
Welding Inspector - Certified - ST 40 40 40 Welding Inspector - Certified - DT 26 26 26 26 Welding Inspector - Certified - DT 0 0 Utility Inspector / ST 40 Utility Inspector / OT 10 10 Utility Inspector - DT 0 Welding Inspector - Certified - ST 40 Welding Inspector - Certified - OT 20 Welding Inspector - Certified - DT 0 Welding Inspector - Certified - DT 0 0 Welding Inspector - Certified - DT 0 0 0 0 0 0 0 0 0								
Welding Inspector - Certified - OT 26 26 26 Welding Inspector - Certified - DT 0 0 0 0 0 0 0 0 0						16		_
Welding Inspector - Certified - DT								
Utility Inspector / ST						20		
Utility Inspector / OT								
Utility Inspector - DT								
Welding Inspector - Certified - OT							0	
Welding Inspector - Certified - DT								
Hours 1.00 1.00 820.00							20	
Hours 1.00 1.00 820.00		weiging inspector - Certified - DT						
		_	Hours	1.00	1,00	820.00		
				2.00	1.00	070,00	0	

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)
ර Dates of service of the invoice ර Project number or PO number clearly identified
O Project manager clearly identified
6 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
6 Hours billed match weekly timesheets
Vendor / Contractor have provided Documentation of allowable reimbursable expenses (itemized receipts, timesheets, consultant invoices, etc.)
O Documentation falls within the dates of invoice (which also needs to fall within the start date of work service.
N/A o Pre-authorization forms provided for all lodging and air travel expenses
O 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
Pro Review invoice and deliverable(s) to verify what was paid or been obtained.
Pre-authorization for any overtime being billed
Reviewer:Invoice number: 2202840
PM: Vendor:

Mail content report generated by COLLECTOR

From:

</o=ENOVA/ou=Exchange

Administrative Group (FYDIBOHF23SPD

LT)/cn=Recipients/cn=

Sent: Tuesday, January 06, 2015 1:33 PM

To: AP_Invoices_SCG

Subject: 2202840

Attachments: COL_26E35006.pdf

Attached you will find the following reviewed invoice.



Please advise if any additional information is needed.

Thank you,

SoCalGas PSEP

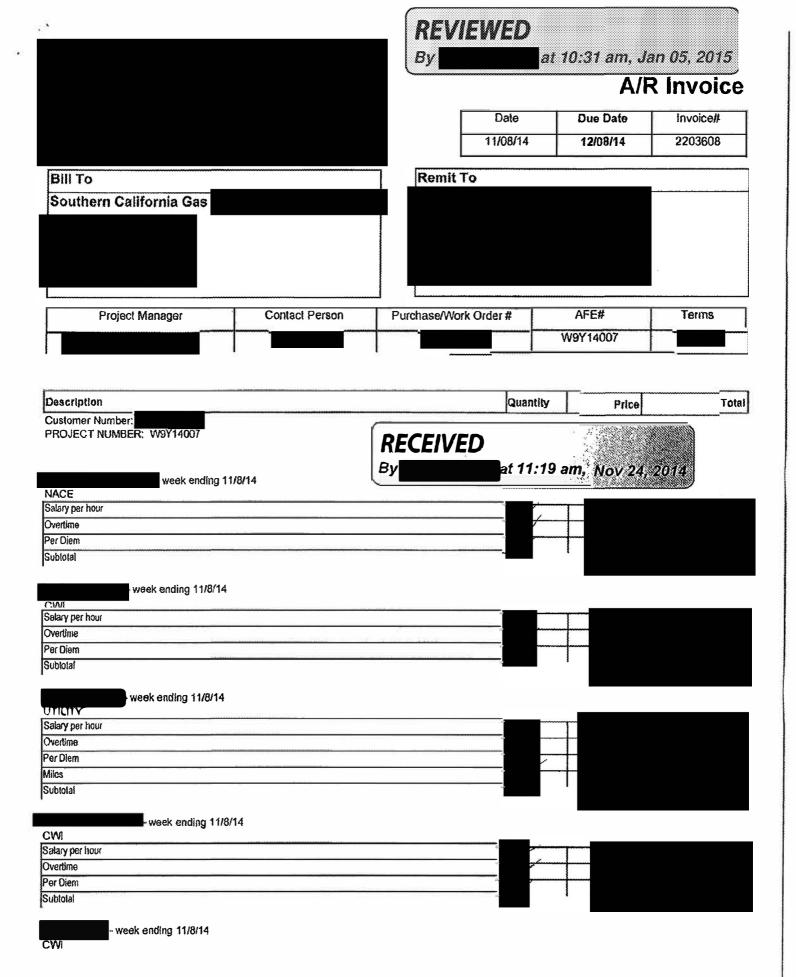
555 W 5th St, 23-098

Los Angeles, CA 90001

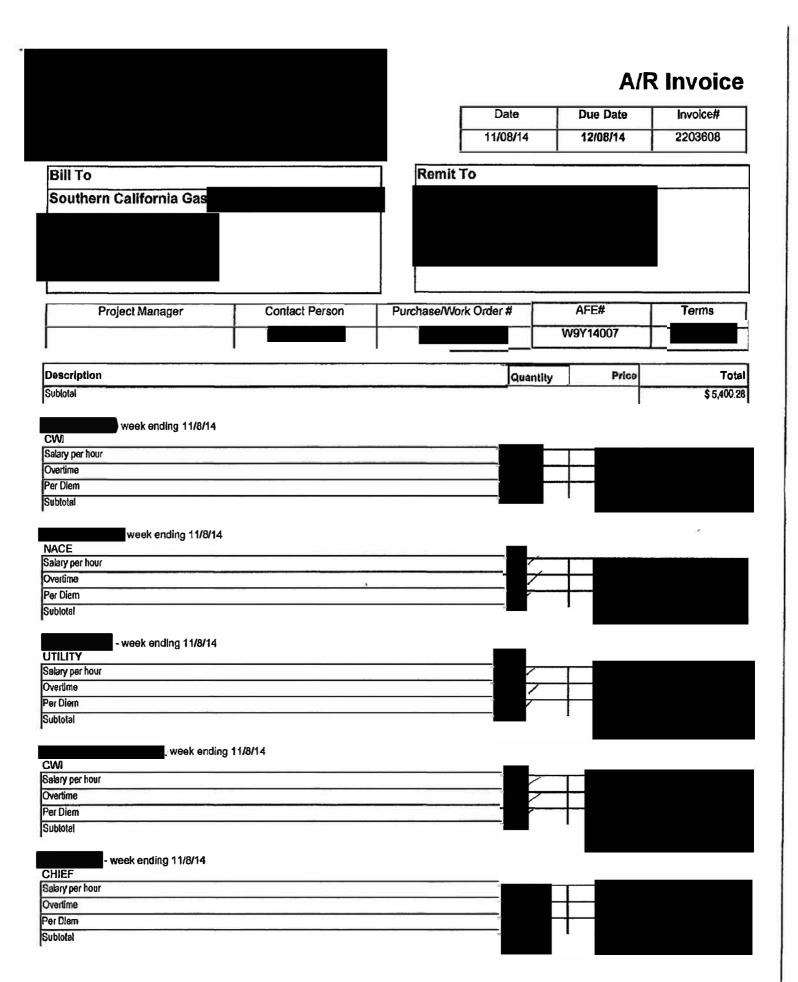


Doc.Type : RS	(Readsoft - LIV) Normal	documen	t		
Doc. Number	5100902619	Company	Code	2200	Fiscal Year	2015
Doc. Date	10/11/2014	Posting	Date	02/13/2015	Period	02
Calculate Tax						
Ref.Doc.	2202840					
Doc. Currency	USD					

Itm	PK	Account	Account short text	Тx	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 Section2 03.02.02 OP



A/R Invoice Date Invoice# **Due Date** 11/08/14 12/08/14 2203608 Remit To Bill To Southern California Gas Project Manager Contact Person Purchase/Work Order # AFE# Terms W9Y14007 Description Quantity Price Total Salary per hour Overtime Per Diem Subtolal week ending 11/8/14 WELDING Salary per hour Per Diem Subtotal week ending 11/8/14 NACE Salary per hour Overtime Per Diem Sublotal week ending 11/8/14 CHIEF Salary per hour Overtime Per Diem Subtotal week ending 11/8/14 CWI Salary per hour Overtime Per Diem Sublotal week ending 11/8/14 UTILITY Salary per hour Overtime Per Diem



A/R Invoice Date **Due Date** Invoice# 11/08/14 12/08/14 2203608 Remit To Bill To Southern California Gas AFE# Terms **Contact Person** Purchase/Work Order # Project Manager W9Y14007 Description Quantity Price Total

Subtotal
Tax
Total

OVERTIME REQUEST FORM - Southern California Gas Company

Subcontractor Name:
Subcontract Number: SoCasGas)

Project No. WYTZAROD
Project Name: Line SL36-9-CD N Section 5

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

- 2. When exerting it more any and authorized in such account this Characterist the Sub-contractor Resear. If no such Overvine Research Sub-contractor S
- 5. Submittering shall be compressed for compt employees at the Billing Rates established in the linear version of the Submitterion Roster. It is expected that extenses employees may know overtime without extra compensation, however, and overtime encessful be strong entered that the property of the pro
- 4. Planned Overtime: Overtime required for a limited time paried (one month or less). Requires pre-approval via this Overtime Request Form as follows:
 - I. Functional/Discipline Menager (as applicable)
 - IL Project Manager
- III, Scanper Project Maragas
- 5. biamingt Overclamer. A biamingt overclame requires for an extention period (greater than one month), for a group of people working on a project can be propared and approved. Requires pre-approved whe this Overclam Requires
- L All approvals aquired by Hote 4 (above)x
 - EL LEED TO Project Director

					PLANNED	OVERTIME		J.,					
Employee Name	Title	Exemption Status	Applicable Rate*					me Hours				Total Hours	Total Sper
	NACE-OT	Non - Exempt		(W/E Date)	(W/E Date)	(W/E Date)	(W/EDate)	WE11/03/14	(W/E Date)	(W/E Date)	(W/E Dato)		
	Walding-OT	Non - Exempt	_					_		+		-	5
-	Utility-OT	Non-Exempt	-										
_	Welding -OT	Non - Exemps	 -					_				-	3
_	Welding-OT	Non-Exempt	-					_				-	5
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	Chelf-CT	Non-Exempt	 					-		+	-	-	15
_	Welding-OT	Hon - Exempt	-					_					
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ontractor Roster for the given	employee bessed an timir excer	aby delicated testing of	Cost	s -	5 -	\$ -	\$ -	5	\$ -	\$ -	5 -	1	\$
memor).													
SONING / JUSTIFICATION:													

APPROVALS: Planned Overtimet		r Overtima: Director
Punctional/ Oiscinline Manager (as a noll rable)	Prolect Manager	t Director
Sienstriesend fiste	Clearables and Insta	urerand Date
Orland Stome	, Delegant Name	i Namo

INV 2203608

TIME PERIOD: 11 /8/2014

WEEK ENDING

EMPLOYEE ID#: 147168

EMPLOYEE NAME: NACE COAT NG

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

						1.0	1.4	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	<u> </u>
OVERHEAD ACCOUNT NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
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PER DIEM (Yes or No)	Y	Y	Y	Y	Y	Y	Y	7
EQUIPMENT	N	Y	Y	Y	Y	Y	Y	8

Ceil Phone	Computer	& Printer	Digital Camera	DAYS WORKED
_	•		• —	
Edn	ipment shall be paid on days worke	ed only. All allowances shall be	PRE-APPROVED by Client. WEEK EN	ACTUAL HOURS
s	TATE OF JOB LOCATION:	California		WORKED
	-		the best of your knowledge and that yo	rowiedge that the information on this time sheet is accurate to ou are eligible for everything you are submitting for. Any over the deducted from future componentian or reimbursed to the
	FIELD SUPERVISOR:			Company by the employee.
FIEL	LD SUPERVISOR PHONE #		EMPLOYEE SIGNATURE	
EMPLOYE	EE CELL / WORK PHONE #		CLIENT SIGNATURE	`{ }
EMF	PLOYEE EMAIL ADDRESS:		EMAILTIME SHEETS TO (OR) FAX TIME SHEETS TO	
() NOTE PRIMARY ADDR	ESS CHANGE		() NOTE FIELD LOCATI	ON 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



Final Time Sheet: NO Returning Next Week: YES

TIME PERIOD:____

1 1. /8/201 4 WEEK ENDING

EMPLOYEE ID#:

147282

EMPLOYEE NAME:

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 OVERHEAD ACCOUNT NUMBER HOURS HOURS HOURS HOURS HOURS HOURS HOURS HOURS IDSTACLATED MILEAGE PER DIEM (Yes or No) EQUIPMENT Call Phone Y Computer & Printer Y Computer & Printer Y Digital Camera Y DAYS WORKE 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 Sy submitting this time sheet, you acknowledge that the information on this time best of your knowledge and that you are eighble for everything you are so charges or unauthorized charges will be deducted from future compensation FIELD SUPERVISOR: EMPLOYEE CELL / WORK PHONE # EMPLOYEE CELL / WORK PHONE # CLIENT SIGNATURE: CLIENT SIGNATURE:	1
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Equipment shall be paid on days worked only. All allowances shall be PRE-APPROVED by Client. WEEK ENDS ON SATURDAY! ACTUAL HOUR WORKED By submitting this time sheet, you acknowledge that the Information on this till the best of your knowledge and that you are eligible for everything you are such charges or unauthorized charges will be deducted from future compensation. FIELD SUPERVISOR: FIELD SUPERVISOR PHONE # EMPLOYEE SIGNATURE: EMPLOYEE CELL / WORK PHONE # Culient SIGNATURE:	
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FIELD SUPERVISOR: FIELD SUPERVISOR PHONE # EMPLOYEE CELL / WORK PHONE # Charges or unauthorized charges will be deducted from future compensation Company by the employee. EMPLOYEE SIGNATURE: CLIENT SIGNATURE:	
FIELD SUPERVISOR: FIELD SUPERVISOR PHONE # EMPLOYEE CELL / WORK PHONE # Charges of unauthorized charges will be deducted from future compensation Company by the employee. EMPLOYEE SIGNATURE: CLIENT SIGNATURE:	
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EMPLOYEE CELL / WORK PHONE # CLIENT SIGNATURE:	
EMPLOYEE CELL / WORK PHONE # CLIENT SIGNATURE:	
EMPLOYEE EMAIL ADDRESS: EMAIL TIME SHEETS TO:	
(OR) FAX TIME SHEETS TO:	
NOTE PRIMARY ADDRESS CHANGE () NOTE FIELD LOCATION AD DRESS CHANGE	
rimary W-4 Residence Actual City / State / Zip of	
Street Address: work location 555 W 5th Street Los Ang	- CA 900

Rev 09/26/13

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				EMPL	OYEE NAME:	1		
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Final Time Sheet:	(VES OR NO)		NO	CLAS	ISIFICATION: _	AAE	lding inspec	ROT
Returning Next Week:	•		YES		CLIENT: _	Soc	C al	CODE::
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TIME SHEETS <u>MUS</u> oCal Release Order#:	SI BE IN TIR O	FFICE NO L	AIER IHAN	SUNDAY 8A	M FOR PAY	ROLL PROL	ESSING	
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ELL PHONE (YES OR NO)								_
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EMPLOYEE WORK PHONE #				CLIEN	T SIGNATURE:			
EMPLOYEE CELLULAR PHONE #				EMAIL TIM	E SHEETS TO			
					or Fax to:			
Project Manager (Print Name)				Project Mar	nager Phone #_			
() NOTE PRIMARY ADD	RESS CHANGE			() NOTE FIE	ELD LOCATION	ON ADDRES	S CHANGE	
Primary W-4 Residence Street Address:				Actual City / 9 work lo		555 W 516 S1	raet Les Anos	les, CA 986229/



Final Time Sheet: NO Returning Next Week: YES

Sunday

Tuesday

Wadnesday

TIME PERIOD: 11/8/2014

WEEK ENDING

EMPLOYEE ID#:

81771

EMPLOYEE NAME

CLASSIFICATION:

Weldi..., lesspection

Saturday

CLIENT:

Thursday

SoCal

CODE

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

Monday

OVERHEAD ACCOUNT NUMBER	HINDS	HOURS	HOURE	HOUSE	HOURE	HOURE	MAURE	TOTALS
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PER DIEM (Yes or No)								
EQUIPMENT								
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Equipment shall be paid on da	ys worked only.	All allowances st	nall be PRE-AF	PPROVED by Cli	ent. WEEK END	S ON SATURO	PAYI	
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EMPLOYEE CELL/WORK PHONE #				CLIEN	T SIGNATURE:			
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					ESHEETS TO:			
() NOTE PRIMARY ADDRESS CHANGE					ELD LOCATION		S CHANGE	
Primary W-4 Residence				Actual City i	State i Zip of			
Street Address:				work k	ocation	555 W 5th S	Street Los Ange	les, CA 90024

TIME PERIOD: 11/8/2014
WEEX ENDING
EMPLOYEE ID#: 144769

SoCal

EMPLOYEE NAME:

CLASSIFICATION: Senior Construction Manager

Final Time Sheet: NO
Returning Next Week: YES

CLENT:

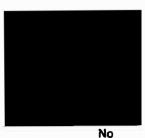
CODE

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
WOD/AFER NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
L								D
W9Y14026 LN-406 sec - 2 WB5# 2.5								
W9Y14007 LN -45-120 sec - 2 WBS# 2.5								
W9Y14027 LN - 404 sec - 3 WBS# 2.4								
W9Y14005 SL 33-120 sec - 1 WBS# 1.3								
W8Y14009 SL 13-121 WBS# 1.3								
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ORK RELATED MILEAGE								6
R DIEM (Yes or No)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	- 4
QUIPMENT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	

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CA 90024

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TIME PERIOD: 11/8/2014

WEEK ENDING

EMPLOYEE ID #:

82321

EMPLOYEE NAME:

CLASSIFICATION: NACE 2 Coating inspector

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

Yes

CLIENT: SoCal

COBE:

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
10# EN SL 45-120 SEC 2								
								0
VTA								
CAMERA								
COMPUTER								
WORK RELATED MILEAGE								
PER DIEM (YES OR NO)								
CELL PHONE (YES OR NO)								

Email Address: STATE OF JOB LOCATION: California 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 FIELD SUPERVISOR (Print Name Company by the employee. **EMPLOYEE SIGNATURE:** FIELD SUPERVISOR PHONE **CLIENT SIGNATURE: EMPLOYEE WORK PHONE** EMAIL TIME SHEETS TO: EMPLOYEE CELLULAR PHONE or Fax to: Project Manager Phone # Project Manager (Print Name () NOTE PRIMARY ADDRESS CHANGE () NOTE FIELD LOCATION ADDRESS CHANGE Primary W-4 Residence Street Actual City / State / Zip of Address: work location 555 West 5th Street Los Angeles, CA 9862/409/09/13



11/3/2014 WEEK ENDING TIME PERIOD: EMPLOYEE ID#: EMPLOYEE NAME Chilef insperioto - CLASSIFICATION: SoCal CODE:

CLIENT:

Final Time Sheet: YES Returning Next Week: NO

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

			,					
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
OVERHEAD ACCOUNT NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
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PER DIEM (Yes or No)								
EQUIPMENT								
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Equipment shall be paid on day	s worked only. Al	allowances si	hali be <u>PRE-AF</u>	PROVED by Clie	nt. WEEK END			
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FIELD SUPERVISOR:				73	Con	npany by the employ	ce .	
FIELD SUPERVISOR PHONE #								
FIELD GOT ERTHOUGH HORE W			-	- EMPLOYEE	SIGNATURE:			
				_		_		
EMPLOYEE CELL/WORK PHONE #				CLIENT	SIGNATURE:			
EMPLOYEE EMAIL ADDRESS:				— Easar tire	SHEETS TO:			
EMPLOTEE EMAIL ADDRESS:				(OR) FAX TIME				
						W ADDECO	OULANOC	
() NOTE PRIMARY ADDRESS CHANGE				() NOTE FIE	LD LOCATIC	N ADDKES	CHANGE	
Primary W-4 Residence				- Actual City / S	State /7in of			
Street Address :				work lo		555 W 5th St	reet Los Angele	s. CA 90024
			-;		Outroit		TOOL HOS VINDIR	31 07 00024

From:

Subject: 11-3-14 TS Received: 11/4/2014 12:04:14 PM

refused to complete his DIR's and paper work for yesterday, therefore he only gets hours for the day.

Regards,

SR. Construction Manager Sempra Energy/Socal Gas Co.

the accompa	the accompa				ME PERIOD:		11/8/2014 WEEK ENDING			
				EMPLO	OYEE ID #:		900007			
				EMPL	OYEE NAME:					
				CLAS	SIFICATION:	w	elding Ins.pec	ctor		
Final Time Sheet: Returning Next Week: (1	YES OR NO)	1		l	CLIENT:	, , , ,	SoCal	CODE:		
TIME SHEETS MU	<u>JST</u> BE IN TIR	OFFICE N	O LATER TH	AN <u>SUNDAY</u>	8AM_FOR P	AYROLL PR	OCESSING	;		
SoCal Release Order#:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
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ORK RELATED MILEAGE										
ER DIEM (YES OR NO)										
SELL PHONE (YES OR NO)										
STATE OF JOB LOCATION: <u>C</u>	ALIFORNIA	-	_Email Addres	accurate to the bes		and that you are el	igible for all subm			
FIELD SUPERVISOR (Print Name)			- -		Con	npany by the emplo	yee.			
FIELD SUPERVISOR PHONE #			- 2	EMPLOYE	E SIGNATU RE		2000			
EMPLOYEE WORK PHONE #			_	CLIEN	IT SIGNATURE:			*******************************		
EMPLOYEE CELLULAR PHONE #			_	EMAILTIM	E SHEETS TO:					
			PART		or Fax to:			-		
Project Manager (Print Name)			_	Project Ma	nager Phone #					
() NOTE PRIMARY	ADDRESS CHA	ANGE		() NOTE FI	ELD LOCATI	ON ADDRES	S CHANGE	3		
Primary W-4 Residence Street				Actual City I	State / Zip of					

Final Time Sheet: NO Returning Next Week: YES

_			

TIME PERIOD: 11/8/2014

WEEK ENDING

EMPLOYEE ID#: 82264 / 47/8/

EMPLOYEE NAME:

CLASSIFICATION: UTILITY INSPECTOR

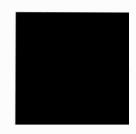
CLIENT: SoCal CODE;

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

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		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
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WORK RELATED MILEA	<u>GE</u>								
PER DIEM (Yes or No)	· · · · · · · · · · · · · · · · · · ·								
EQUIPMENT									
Cell Phone	■	omputer & Printer			Digital Camera			AYS WORKED_	
	Equipment shall be paid on da	vs worked only. Al	allowances st	nall be PRE-API	PROVED by Clie	ot. WEEK END	S ON SATURD	AYI	
		yo woxuoc outyr tr						ACTUAL HOURS	
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	FIELD SUPERVISOR PHONE #								
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	EMPLOYEE CELL! WORK PHONE #	<u>.</u>			CLIENT	SIGNATURE:			
	THO OVER THAIL ADDRESS.								
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() NOTE PRIMA	RY ADDRESS CHANGE				() NOTE FIE	LD LOCATIO	N ADD RES	SCHANGE	
Primary W-4 Reside	nce				Actual City / S	State / Zip of			
Street Address					work lo		555 W 5th S	ireet Los Angele	s, CA 90024
					114	3			

the accompan

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



TIME PERIOD: 11/8/2014

WEEK ENDING

EMPLOYEE ID #:

EMPLOYEE NAME:

CLASSIFICATION: weiding inspector

CLIENT: SoCal

CODE:

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

SoCal Release Order #:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AFE# NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
45-120-SEC2 WBS 2.5								
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					100			0
VTA								
CAMERA								
COMPUTER								
WORK RELATED MILEAGE								
PER DIEM (YES OR NO)								
CELL PHONE (VES OR NO)								

STATE OF JOB LOCATION: california	Email Address: DAYS WORKED By submitting this time sheet, you acknowledge that the information on this time sheet is	
FIELD SUPERVISOR (Print Name)	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 PHONE #	EMPLOYEE SIGNATURE:	
EMPLOYEE WORK PHONE #	CLIENT SIGNATURE:	
EMPLOYEE CELLULAR PHONE #	EMAIL TIME SHEETS TO: or Fax to:	
Project Manager (Print Name)	Project Manager Phone #	
() NOTE PRIMARY ADDRESS CHANGE Primary W-4 Residence Street Address	() NOTE FIELD LOCATION ADDRESS CHANGE Actual City//State//Zip of work location 555 W5 th Street Los Angeles CA 90024 Rev	oy 09/09/13





TIME PERIOD: 11/8/2014

WEEK ENDING

EMPLOYEE ID#: 82322 1477267

EMPLOYEE NAME: Utility Insepactor

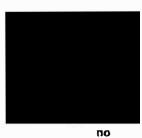
Final Time Sheet: NO Returning Next Week: YES

CLIENT: SoCal CODE:

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

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
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WORK RELATED MILEAG					1				
PER DIEM (Yes or No)									
EQUIPMENT		.]							
Cell Phone Y		Computer & Printer	Y		Digital Camera	Υ		DAYS WORKED	
	Equipment shall be paid on district of JOB LOCATION FIELD SUPERVISOR FIELD SUPERVISOR PHONE EMPLOYEE CELL / WORK PHONE EMPLOYEE EMAIL ADDRESS	#	California	an de <u>Pre-AP</u>	By submitting this in the best of your kno charges or unauthor EMPLOYEE	ne sheet, you sickno wlooge and that you triked charges wat b	wiedge that the in Lare exgible for ev	ACTUAL HOURS WORKED formetion on this time s erything you are submit dure compensation or a	ting for. Any over
	EMPLOTEE EMAIL ADDRESS	·			OR) FAX TIME				
() NOTE PRIMAR	RY ADDRESS CHANGE	· ·		-	() NOTE FIE	LD LOCATIO	N ADDRES	наман: те	
Primary W-4 Resider Street Address:				÷	Actual City / S work to	•	555 W 5th	Street Los Angele	s, CA 90024

the accompanying of



11/8/2014 WEEK ENDING TIME PERIOD:

EMPLOYEE ID #:

147240

EMPLOYEE NAME:

CLASSIFICATION: UTILITY INSPECTOR

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

yes

CLIENT: SoCal

CODE:

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

		7		1			T	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AFE# NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
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VTA								
CAMERA								
COMPUTER								
WORK RELATED MILEAGE								
PER DIEM (YES OR NO)								
CELL PHONE (YES OR NO)								

STATE OF JOB L	OCATION: 0	CALIFORNIA	Email Address	By submitting this time sheet, you	DAYS WORKED acknowledge that the information on this time sheet is and that you are eligible for all submitted items. Any over
FIELD SUPERVISOR (Print Name		e.	changes or unauthorized changes will	be deducted from future compensation or reimbursed to the impany by the employee.
FIELD SUPERVISO	OR PHONE #		Ó.	EMPLOYEE SIGNATURE	<u> </u>
EMPLOYEE WOR	RK PHONE #			CLIENT SIGNATURE	
EMPLOYEE CELLULA	\R PHONE #			EMAIL TIME SHEETS TO: or Fax to:	
Project Manager (P	rint Name)			Project Manager Phone	
() NOTE ! Primary W-4	PRIMARY	ADDRESS CHANGE		() NOTE FIELD LOCAT	TON ADDRESS CHANGE
Residence Street Address :			W-7-9-1	Actual City / State / Zip of work location	555 W 5TH STREET LOS ANGELES,CA 90 Bev 09/09/13

		C17		- AI/
		rinai (îme Sheet	- M
			<i>MICO DIIOGE</i>	

Returning Next Week: YES



TIME PERIOD: ________11/8/2014

EMPLOYEE ID#:

WEEK ENDING 82326 147258

EMPLOYEE NAME:

CLASSIFICATION: 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	
OVERHEAD ACCOUNT NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
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W9Y14007								
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PER DIEM (Yas or No)								
EQUIPMENT								
Cell Phone Y C	omputer & Printer	~		Digital Camera	v	ח	AYS WORKED	
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Equipment shall be paid on day	s worked only. All	allowances st	iall be PRE-AP	PROVED by Clie	nt. WEEK ENDS			
STATE OF JOB LOCATION:	,	California					ACTUAL HOURS	
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FIELD SUPERVISOR:				_	Com	pany by the employ	70 .	
				_				
FIELD SUPERVISOR PHONE #								
				- EMPLOYEE	SIGNATURE:	_		
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EMPLOTEE CELL / WORK PHONE #				- CLIEN	SIGNATURE			
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EMPLOY CLASSI

TIME PERIOD: 11/8/2014

WEEK BNDWG

EMPLOYEE ID#: 147052

EMPLOYEE NAME: QA/QC/M2_terial

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	Wedgesday	Thursday	Friday	Saturday	
OVERHEAD ACCOUNT NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
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(44-687 W9Y1404								
(2001) W9Y14868								
(2003) W9Y14050								
newhall(45-120 4V9Y14007								
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PER DIEM (Yes or No)	20020							
COMPMENT OF THE CONTRACT OF TH	50,00000							
Cell Phone Y	omputer & Printer	Y	D	igital Camera	Y		DAYS WORKED	
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	-		shall be <u>PR</u>	E-APPROVED	by Client. WEE	K ENDS ON S	SATURDAYI ACTUAL HOURS WORKED	
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SOUTHERN CAUFORNIA GAS COMPANY WEEKLY TIMESHEET

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INSTITUTIONS Subspaces to that remains the holes it have not was a few with their are accommissed subspaces. IMPORTANT Subcontracion's submit if, 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

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Invoice Check List

Vendor has provided an Invoice that includes the following:
Includes Vendor/Contractors address Date of the invoice Invoice number (e.g. Invoice 2414) Dates of service of the invoice Project number or PO number clearly identified Project manager clearly identified Funding amounts allocated has not been overspent.
Vendor/Contractor has provided an Invoice Summary which summarizes all work completed 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.)
NIPO Documentation falls within the dates of invoice (which also needs to fall within the start date of work service.
NIAO 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
$\mathcal{N}\mathcal{H}_{O}$ Review invoice and deliverable(s) to verify what was paid or been obtained.
Pre-authorization for any overtime being billed
Reviewer:
PM:Vendor:

Mail content report generated by COLLECTOR

From:

</o=ENOVA/ou=Exchange

Administrative Group (FYDIBOHF23SPD

LT)/cn=Recipients/cn=ALear>

Sent: Tuesday, January 06, 2015 2:00 PM

To: AP_Invoices_SCG

Subject: 2203608

Attachments: COL_26F11001.pdf

Attached you will find the following reviewed invoice.

2203608

Please advise if any additional information is needed.

Thank you,

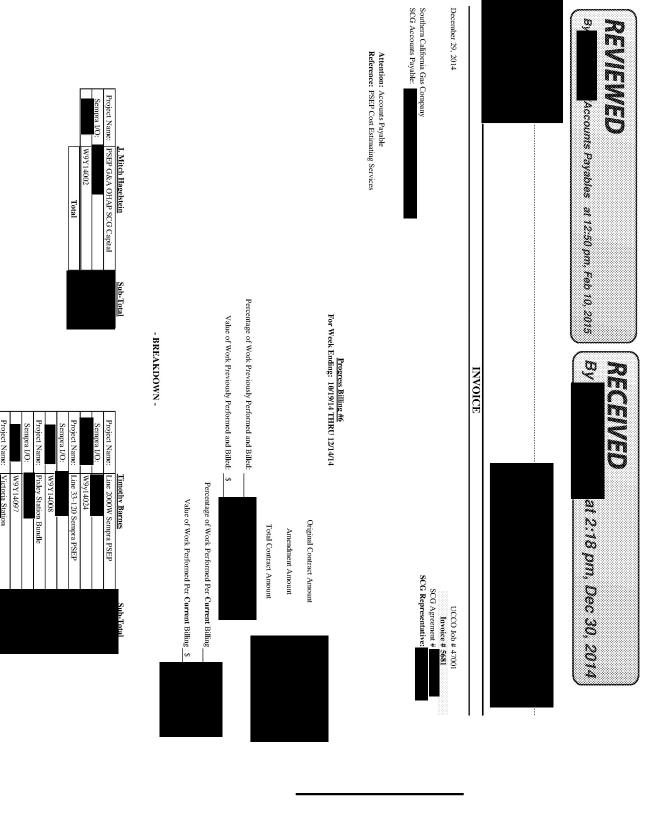
SoCalGas PSEP

555 W 5th St, 23-098

Los Angeles, CA 90001

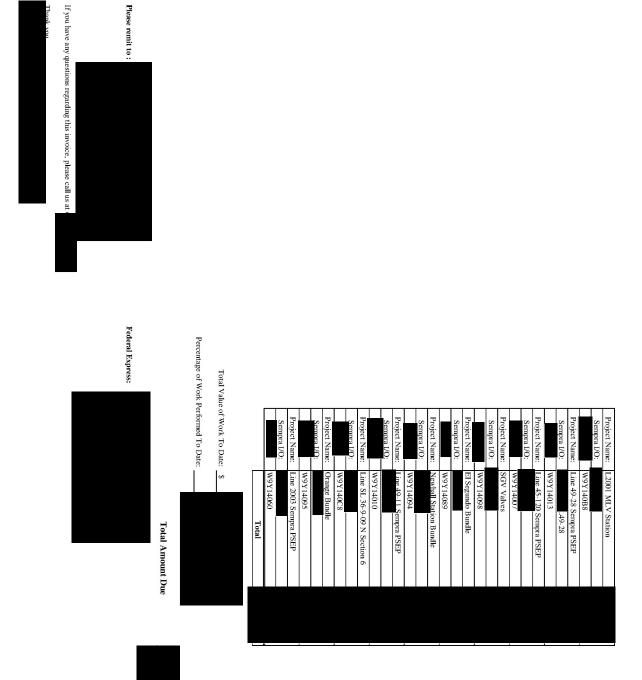
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Doc. Date	11/08/2014	Posting	Date	02/13/2015	Period	02
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Doc. Currency	USD					

Itm	PK	Account	Account short text	Tx	CoCd	Cost Ctr	Order	Act	Amount	Text
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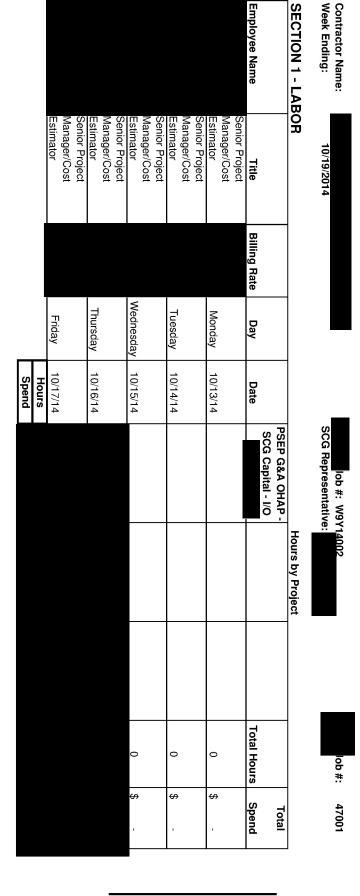


ne SL 37-18-F Sempra PSEP

Please remit to:



Attachment D Weekly Timesheet



Parking for LA Tower

Parking for LA Tower

Description

Purpose

Billing Rate

Day

Date

SCG O&M - I/O 300733184

SCG Capital - I/O

SDG&E Capital - I/O 300736010

300733514

4

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PSEP G&A OHAP - PSEP G&A OHAP - PSEP G&A OHAP - Total Spend

Monday

Tuesday

Parking for LA Tower

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Parking Parking Parking Parking

Wednesday

10/13/14 10/14/14 10/15/14

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Thursday

Friday

10/17/14

10/16/14

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Spend

Parking

WEEK ENDING TOTALS

Hours Spend Parking for LA Tower

SECTION 2 - EQUIPMENT & EXPENSES

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Agroement Ro	EXPENSE PRE-AUTHORIZATION FOR Pipeline Sufety Enhancement Plan (PSEP)
Week Ending Data Project Number Project Name	N FORM
\$ 10/19/2554 * N9XX4002	RZATION FORM

honcement Plan (PSEP)	
Wheek Ending Dates 10/18/2014 Propert Number - W9/14/012 Project Name	
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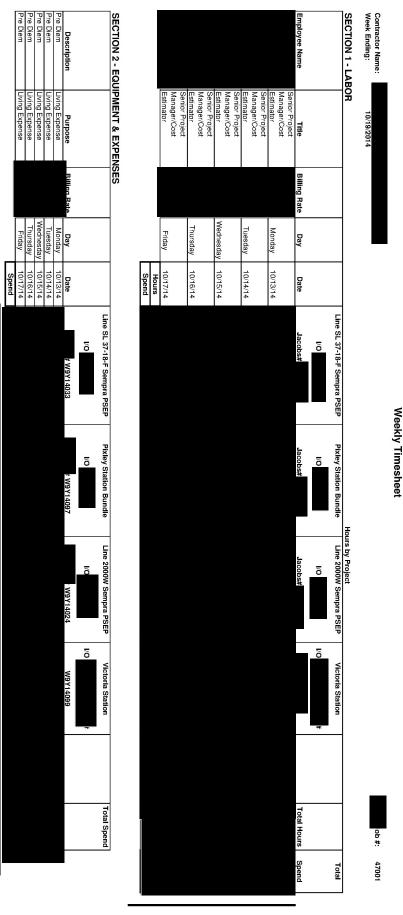
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THANK YOU FOR VISITARS HAVE & MCE BAY___111 (212) 473 - 9890 THANK YOU FOR VISITING HAVE A RCE DAY...III (213) 473 - 5556

BK-D-410

Attachment D Weekly Timesheet



WEEK ENDING TOTALS Spend

EXPENSE PRE-AUTHORIZATION FORM

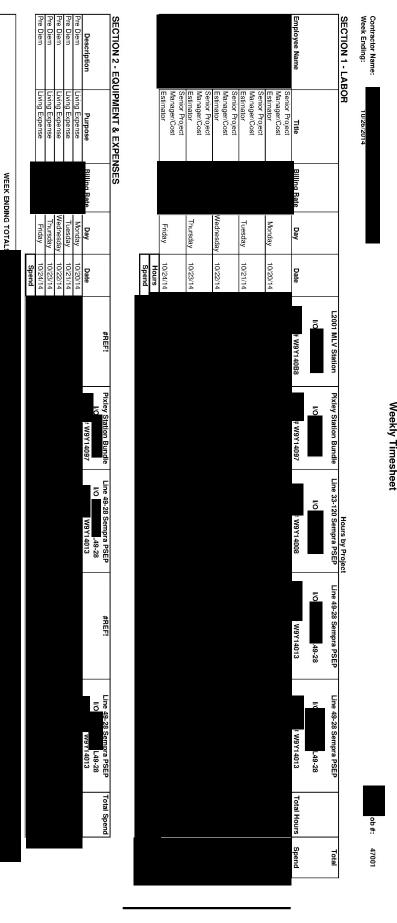
	EXPENSE PRE-ACTION FORM									
	Pipeline Safety Enhancement Plan (PSEP)									
	EMPLOYEE NAME:			Week Ending Date:	10/19/2014					
	Contractor Name: Contract Number:			Project Number:	10/15/2014					
	Contract Number:	Agreement No.		Project Name:						
ion:	tractor is responsible for obtaining approve	al for any and all expenses in advance by use	of this Expense Pre-Authorization F	orm. Compensation for	expenses shall	be limited to	those expense	es which are a)		
qqı	roved in advanced as evidenced by obtaining	ng the required signatures below, b) in accor	dance with the provisions of the Co	ntract, c) are in accordan	ce with Contrac	tor's latest a	pproved Conti	ractor Roster, and d)		
re	in accordance with the Company Travel Po	licy. No obligation for payment shall exist if (Contractor fails to meet these requi	rements.						
Ħ	Expense Description	Detailed Description	Purpose		Unit Rate	Units	UOM	Amount (\$)		
	Auto Mileage						Miles			
2	Air Travel									
3	Accommodations (Lodging)						Nights			
_	Meals*		_				LOT			
5	Ground Transportation									
6	Car Rental				\$0.00	0.00	Day	\$0.00		
7	Parking**		-		φυ.υυ	0.00	DEY	20,00		
8	Other Business Expenses									
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	Per Diem	10/13/14 - 10/19/14		-		- I. F It	10 (10 (2014			
				Estimated Total Ex	penses for we	ek Ending:	10/19/2014			
ADI	DITIONAL COMMENTS / JUSTIFICATION									
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	signature by Contractor				_					
						10/20/2014				
Dri-	ited Name	_	Signature		•	Date	•			
ΑP	PROVAL									
For	signature by a Company Authorized Repr	resentative.								
						10/0	11.			

Contractor is responsible for retaining all expense approvals. All invoices which include reimbursable expenses must include an authorized Expense Pre-Authorization Form as well as copies of the original bills,

Printed Name

itemized receipts, invoices, expense accounts and other miscellaneous supporting data.

Attachment D Weekly Timesheet



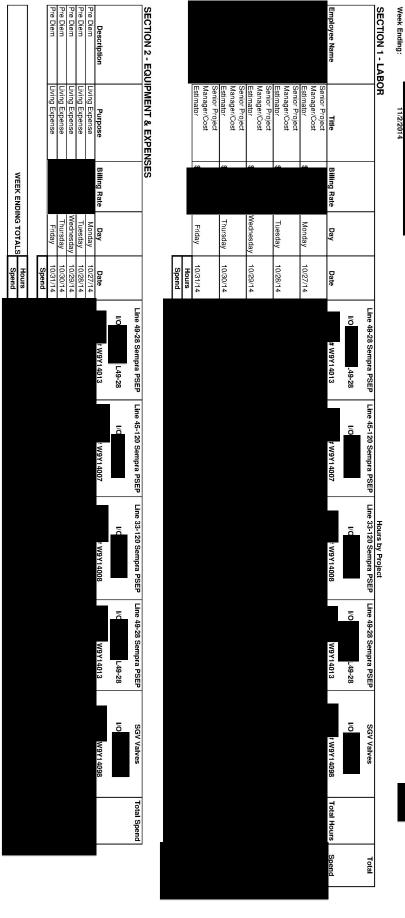
EXPENSE PRE-AUTHORIZATION FORM

Pipeline Safety Enhancement Plan (PSEP)

	EMPLOYEE NAME: Contractor Name: Contract Number:			Week Ending Date: 10/26, Project Number: Project Name:			
арр	roved in advanced as evidenced by obtaining	ng the required signatures below, b)	 by use of this Expense Pre-Authorization Fo in accordance with the provisions of the Coni exist if Contractor fails to meet these require 	tract, c) are in accordance with			
	Expense Description	Detailed Description	Purpose	Unit	Rate Unit		Amount (\$)
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3						Nights	
4	Meals*					LOT	
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	Moximum of the per day, per person Employees whose Primary Work Location, as no	oted on the Contractor Roster, is the Gas Com	pany Tower, are not eligible for reimbursement of parki	ing.			
		Effective Date	Indusive of:	Unit	Rate Unit	s HOM	Amount (\$)
	Per Diem	Effective Date 10/20/14 - 10/26/14	Inclusive of:	Unit	Rate Unit	1	Amount (5)
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ADI	·		Inclusive of:			Days	
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ADI	·		Inclusive of:			Days	
1 CE	DITIONAL COMMENTS / JUSTIFICATION	10/20/14 - 10/26/14	Inclusive of: \ \ CE WITH THE PROVISIONS OF THE CONTRAC	Estimated Total Expenses	for Week End	Days	
1 CE	OTTIONAL COMMENTS / JUSTIFICATION RTIFY THAT THE ABOVE INFORMATION IS	10/20/14 - 10/26/14		Estimated Total Expenses	for Week End	Days ing: 10/26/2014	
1 CE For	OTTIONAL COMMENTS / JUSTIFICATION RTIFY THAT THE ABOVE INFORMATION IS	10/20/14 - 10/26/14		Estimated Total Expenses	for Week End	Days ing: 10/26/2014	
1 CE For	RTIFY THAT THE ABOVE INFORMATION IS signature by Contractor	TRUE, CORRECT AND IN ACCORDAN	CE WITH THE PROVISIONS OF THE CONTRAC	Estimated Total Expenses	for Week End	Days ing: 10/26/2014	
1 CE For	RTIFY THAT THE ABOVE INFORMATION IS signature by Contractor ted Name PROVAL Signature by a Company Authorized Repre	TRUE, CORRECT AND IN ACCORDAN	CE WITH THE PROVISIONS OF THE CONTRAC	Estimated Total Expenses	ICY 10/27/2 Date	Days ing: 10/26/2014	
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Attachment D





EXPENSE PRE-AUTHORIZATION FORM

Pipeline Safety Enhancement Plan (PSEP)

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

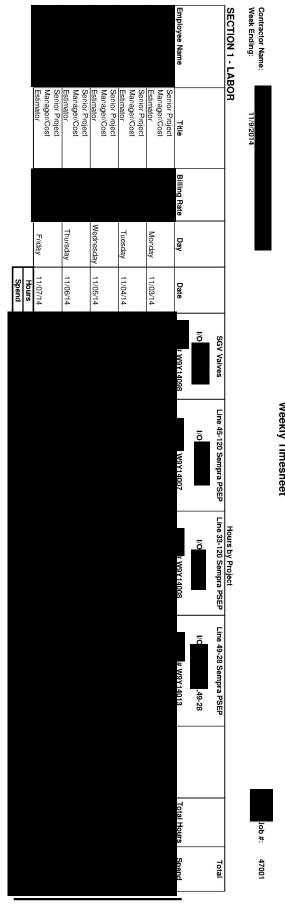
Week Ending Date: 11/2/2014 Project Number:

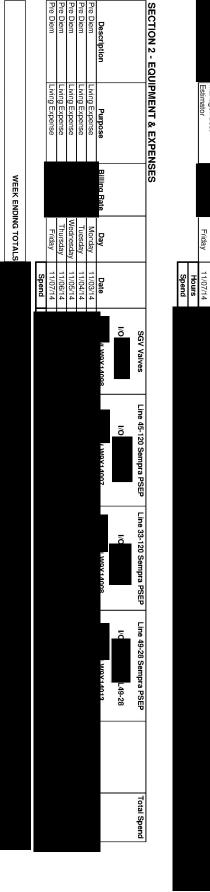
Project Name:

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

			ents.			
u Books Books Island	Detailed Description	Purpose	Unit Rate	Units	UOM	Amount (\$)
# Expense Description	Detailed Description	Parpose			Miles	
1 Auto Mileage	· · · · · · · · · · · · · · · · · · ·	-				
2 Air Travel 3 Accommodations (Lodging)		-	-		Nights	
4 Meals*		<u> </u>	-		LOT	
5 Ground Transportation						-
6 Car Rental				_		
			\$0.00	0.00	Day	\$0.00
						
	· · · · · · · · · · · · · · · · · · ·					-
<u> </u>			-			
b		-				_
<u>c</u>				-		
d						
e						_
9 Other Reimbursable Expenses	<u> </u>	- 	 			140
a						-
b					-	
ε		<u> </u>		_		
d					 	
* Maximum of the per day, per person					L	· · ·
Per Diem	Effective Date 10/27/14 - 11/2/14	Inclusive of:	Unit Rate Estimated Total Expenses for W	Units	Days	Amount (\$)
ADDITIONAL COMMENTS / JUSTIFIC						
CERTIFY THAT THE ABOVE INFORT For signature by Contractor Printed Name	WATION IS TRUE, CORRECT AND IN ACCORDA	NCE WITH THE PROVISIONS OF THE CONTRACT	AND COMPANY TRAVEL POLICY	11/2/2014 Date	-	
For signature by Contractor		_	AND COMPANY TRAVEL POLICY	11/2/2014 Date	/ 1 ¹)	

Attachment D Weekly Timesheet

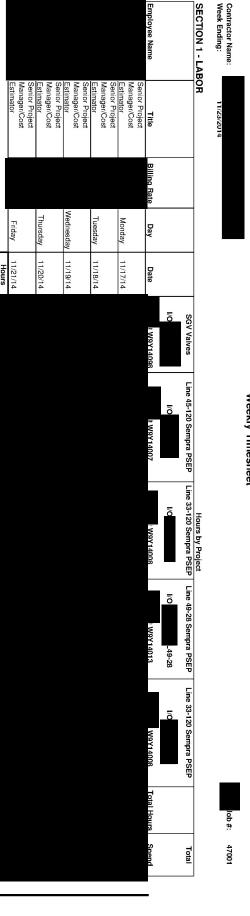


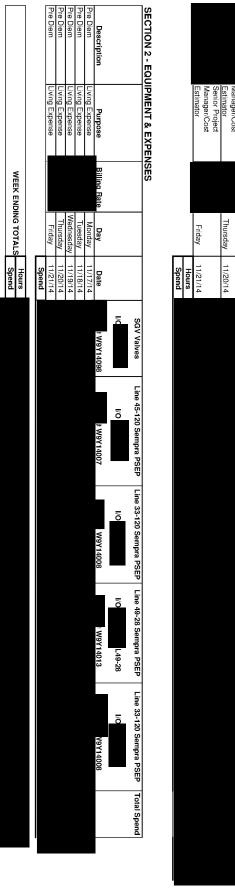


	EXPENSE PRE-AUTHORIZATION FORM								
	Pipeline Safety Enhancement Plan (PSEP)								
	EMPLOYEE NAME: Contractor Name: Contract Number:			Week Ending Date: Project Number: Project Name:	11/9/2014				
арр.	roved in advanced as evidenced by obtaining	al for any and all expenses in advance by u ng the required signatures below, b) in acc licy. No obligation for payment shall exist	ordance with the provisions of t	stion Form. Compensation for a the Contract, c) are in accordan					
#	Expense Description	Detailed Description	Purpose		Unit Rate	Units	UOM	Amount (\$)	
	Auto Mileage						Miles		
	Air Travel								
	Accommodations (Lodging)						Nights		
	Meals*						LOT		
	Ground Transportation								
	Car Rental				60.00	0.00		40.00	
7	Parking** Other Business Expenses				\$0.00	0.00	Day	\$0.00	
a	Other Business expenses								
b	· · · · · · · · · · · · · · · · · · ·								
c									
d									
e									
9	Other Reimbursable Expenses								
а									
ь									
C									
d									
e									
	* Maximum oj er day, per person	oted on the Contractor Roster, is the Gas Company T	owar are not aliaikla for reimburcamer	t of parking					
	unproyees whose Francis y work Loculton, as no	ned on the controctor noster, is the our company i	ower, are not engine for reimbarsemen	t of parking.					
	·	Effective Date	Inclusive of:		Unit Rate	Units	UOM	Amount (5)	
	Per Diem	10/3/14 - 11/9/14					Days	_	
ADΣ	ITIONAL COMMENTS / JUSTIFICATION			Estimated Total Exp	enses for We	ek Ending;	11/9/2014		
									
							·		
	RTIFY THAT THE ABOVE INFORMATION IS signature by Contractor	TRUE, CORRECT AND IN ACCORDANCE WI	TH THE PROVISIONS OF THE CO	ONTRACT AND COMPANY TRAV	EL POLICY				
	ingiliation by constitution								
Prin	ted Name	- (~~	Signature		_	11/10/2014 Date			
ΑPI	PROVAL								
For s	signature by a Company Authorized Repre	sentative.	, yp a a y						
						1/-/9 Date	-14		
Prui	red Marine					Date	- (

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

Attachment D Weekly Timesheet





	EXPENSE PRE-AUTHORIZATION FORM									
Pipeline Safety Enhancement Plan (PSEP)										
	EMPLOYEE NAME:									
	Contractor Name:			Week Ending Date: 11/23/2014						
	Contract Number:	Agreement No.		Project Number: Project Name:						
c	,									
CONT	ontractor is responsible for obtaining approval for any and all expenses in advance by use of this Expense Pre-Authorization Form. Compensation for expenses shall be limited to those expenses which are a) pproved in advanced as evidenced by obtaining the required signatures below, b) in accordance with the provisions of the Contract, c) are in accordance with Contractor's latest approved Contractor Roster, and d)									
			nall exist if Contractor fails to meet these req							
		-								
#	Expense Description	Detailed Description	Purpose	Unit Rate	Units	UOM	Amount (\$)			
	Auto Mileage					Miles				
	Air Travel									
3	Accommodations (Lodging)					Nights				
4	Meals*					LOT				
5	Ground Transportation									
6	Car Rental									
	Parking**	- 7-7		\$0.00	0.00	Day	\$0.00			
8	Other Business Expenses					├				
а						1				
b				 .		 				
С	- MAT W									
d										
e	out and the control for	<u>.</u> .				 				
9	Other Reimbursable Expenses									
a b										
C	-						-			
d	-		***							
e					-					
Ť	* Maximum of \$50 per day, per person			, 						
İ	** Employees whose Primary Work Location, as no	oted on the Contractor Roster, is the Gas	Company Tower, are not eligible for reimbursement of	parking.						
				Hofa Boan	11-74-	UOM	Amount (\$)			
	I	Effective Date	Inclusive of:	Unit Rate	Units	Days	Allianii			
<u> </u>	Per Diem	10/17/14 - 11/23/14		Estimated Total Expenses for We	ek Ending					
ŀ				Estimated Total Expenses for We	er chang.	11/25/2014				
ADD	DITIONAL COMMENTS / JUSTIFICATION									
L										
<u> </u>										
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<u> </u>							··			
<u> </u>							_			
H										
-				···						
	- viii		"							
LCE	RTIFY THAT THE ABOVE INFORMATION IS	TRUE, CORRECT AND IN ACCORD	ANCE WITH THE PROVISIONS OF THE CONT	RACT AND COMPANY TRAVEL POLICY						
	signature by Contractor									
					11/24/2014					
ln →	4-161	-	Signature		11/24/2014 Date	-				
Prin	nted Name		Signature		Date					
ΑP	PROVAL									
For	signature by a Company Authorized Repre	esentative.	-							

Contractor is responsible for retaining all expense approvals. All invoices which include reimbursable expenses must include an authorized Expense Pre-Authorization Form as well as copies of the original bills,

Printed Name

itemized receipts, invoices, expense accounts and other miscellaneous supporting data.

Attachment D Weekly Timesheet

