

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: [REDACTED] 7.0344.20141028.1																					
		Axapta Work Report [REDACTED]		Date 10/28/2014	Ticket # 1																				
		Project Name: PSEP 5660030278		Customer Charge Code #1: WOA# [REDACTED]																					
		Authorized Rep and Phone Number: [REDACTED]		Customer Charge Code #2: Line 45-120 Sec. 2																					
Job Location: [REDACTED]		Project Foreman and Phone Number: [REDACTED]		Customer Charge Code #3: [REDACTED]																					
Job Description: RT + PT as directed.																									
RESOURCES Main Technician Name [REDACTED] Employee # EM.107.0344		Onshore Hour Type RT OT	CUSTOMER BILLED HOURS <table border="1"> <thead> <tr> <th>Type of Work</th> <th>TOTAL HRS</th> </tr> </thead> <tbody> <tr> <td>X-Ray IR-192 Regular time</td> <td>[REDACTED]</td> </tr> <tr> <td>X-Ray IR-192 Overtime</td> <td>[REDACTED]</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> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>			Type of Work	TOTAL HRS	X-Ray IR-192 Regular time	[REDACTED]	X-Ray IR-192 Overtime	[REDACTED]														
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X-Ray IR-192 Regular time	[REDACTED]																								
X-Ray IR-192 Overtime	[REDACTED]																								
Assistant 1 Name: [REDACTED] Employee # EM.999.0143		Description RT OT DT TT	<table border="1"> <thead> <tr> <th>Type of Work</th> <th>TOTAL HRS</th> </tr> </thead> <tbody> <tr> <td>Included Assistant Hours Regular Time</td> <td>[REDACTED]</td> </tr> <tr> <td>Included Assistant Hours Overtime</td> <td>[REDACTED]</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>			Type of Work	TOTAL HRS	Included Assistant Hours Regular Time	[REDACTED]	Included Assistant Hours Overtime	[REDACTED]														
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Assistant 2 Name: [REDACTED] Employee # [REDACTED]		Description RT OT DT TT	<table border="1"> <thead> <tr> <th>Type of Work</th> <th>TOTAL HRS</th> </tr> </thead> <tbody> <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>			Type of Work	TOTAL HRS																		
Type of Work	TOTAL HRS																								

COMMENTS [REDACTED] AR RCVD NOV 06 2014	PRIMARY ITEMS		QUANTITY						
	Per Diem		2						
	Film 3 1/2 x 17		49						
	TRUCK		1						
	DISPOSAL		1						
TEAM VIXR INFO <table border="1"> <tr> <td>Site Supervisor:</td> <td>[REDACTED]</td> </tr> <tr> <td>Phone:</td> <td>0</td> </tr> <tr> <td>Email:</td> <td>[REDACTED]</td> </tr> </table>				Site Supervisor:	[REDACTED]	Phone:	0	Email:	[REDACTED]
Site Supervisor:	[REDACTED]								
Phone:	0								
Email:	[REDACTED]								
Total Price: [REDACTED]		Email Addresses Customer: [REDACTED]							
Field Supervisor [REDACTED]		Financial Supervisor [REDACTED]							

Version #07

Date Updated: 9.19.14

By: Tabitha Vincent

10.000304



RECEIVED

NOV 04 2014

SHIP'D NOV 06 2014

BK-D-352

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: [REDACTED] 7.0344.20141029.1	
		Axapta Work Report [REDACTED]		Date 10/29/2014 Ticket # 1	
		Project Name: PSEP 5660030278		Customer Charge Code #1: WOA# [REDACTED]	
		Authorized Rep and Phone Number: [REDACTED]		Customer Charge Code #2: Line 45-120 Sec. 2	
Job Location: [REDACTED]		Project Foreman and Phone Number: [REDACTED]		Customer Charge Code #3: [REDACTED]	
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Assistant 1 Name: [REDACTED] Employee # EM.999.0143		Description RT OT DT TT	Type of Work Included Assistant Hours Regular Time Included Assistant Hours Overtime		TOTAL HRS [REDACTED]
Assistant 2 Name: [REDACTED] Employee # [REDACTED]		Description RT OT DT TT	Type of Work [REDACTED]		TOTAL HRS [REDACTED]
COMMENTS [REDACTED]		PRIMARY ITEMS QUANTITY			
[REDACTED]		Per Diem		2	
		Film 3 1/2 x 17		21	
		TRUCK		11	
		DISPOSAL		1	
		[REDACTED]		[REDACTED]	
[REDACTED]		TEAM VIXR INFO Site Supervisor: [REDACTED] Phone: 0 Email: [REDACTED]			
[REDACTED]		Total Price: [REDACTED] Email Addresses Customer: [REDACTED] Field Supervisor [REDACTED] Financial Supervisor [REDACTED]			
Version #07 Date Updated 9.19.14 By: Tabitha Vincent		10.000304			



RECEIVED

SHIP'D NOV 08 2014

BK-D-353

NOV 04 2014

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.

N/A ☐ Pre-authorization for any overtime being billed

Reviewer:

Invoice number:

PM:

Vendor:

Mail content report generated by COLLECTOR

From:

[REDACTED]
[REDACTED]

Sent: Monday, January 12, 2015 1:29 PM

To: AP_Invoices_SCG

Subject: [REDACTED] 107.PIN0318484

Attachments: COL_2CE32011.pdf

Attached you will find the following reviewed invoice.

[REDACTED] 107.PIN0318484

Please advise if any additional information is needed.

Thank you,

[REDACTED]

SoCalGas PSEP

[REDACTED]

[REDACTED]

[REDACTED]



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Doc.Type : RS (Readsoft - LIV) Normal document					
Doc. Number	5100901983	Company Code	2200	Fiscal Year	2015
Doc. Date	10/29/2014	Posting Date	02/11/2015	Period	02
Calculate Tax	<input type="checkbox"/>				
Ref.Doc.	107.PIN0318484				
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 Sec2 03.02.02 OP

REVIEWED

By [REDACTED] at 8:35 am, Jan 05, 2015

A/R Invoice

Date	Due Date	Invoice#
10/11/14	11/10/14	2202840

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

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

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

Customer Number: [REDACTED]
PROJECT NUMBER: W9Y14007

[REDACTED] - week ending 10/11/14

NACE

Salary per hour	✓ 40		
Overtime	26		
Per Diem	7		
Subtotal			

[REDACTED] - week ending 10/11/14

CWI

Salary per hour	✓ 40		
Overtime	26		
Per Diem	7		
Subtotal			

[REDACTED] - week ending 10/11/14

CWI

Salary per hour	✓ 40		
Overtime	26		
Per Diem	7		
Subtotal			

[REDACTED] - week ending 10/11/14

SR, CONSTRUCTION MANAGER

Salary per hour	✓ 28		
Per Diem	3.49		
Subtotal			

[REDACTED] - week ending 10/11/14

NACE

Salary per hour	✓ 40		
Overtime	26		

RECEIVED

By [REDACTED] at 8:34 am, Dec 05, 2014

A/R Invoice

Date	Due Date	Invoice#
10/11/14	11/10/14	2202840

Bill To

Southern California Gas c/o

Remit To

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

Description	Quantity	Price	Total
Per Diem	7 /		
Subtotal			

- week ending 10/11/14

CHIEF

Salary per hour	40 /		
Overtime	26 /		
Per Diem	7 /		
Subtotal			

- week ending 10/11/14

CWI

Salary per hour	X 40 /		
Overtime	26 /		
Per Diem	7 /		
Subtotal			

- week ending 10/11/14

UTILITY

Salary per hour	X 40 /		
Overtime	26 /		
Per Diem	7 /		
Subtotal			

- week ending 10/11/14

CWI

Salary per hour	X 40 /		
Overtime	26 /		
Per Diem	7 /		
Subtotal			

- week ending 10/11/14

NACE

Salary per hour	X 40 /		
Overtime	26 /		
Per Diem	7 /		
Subtotal			

A/R Invoice

Date	Due Date	Invoice#
10/11/14	11/10/14	2202840

Bill To
Southern California Gas c/o [REDACTED]
[REDACTED]

Remit To
[REDACTED]

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

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

[REDACTED] - week ending 10/11/14

UTILITY

Salary per hour	X 40 /		[REDACTED]
Overtime	26 /		
Per Diem	7 /		
Subtotal			

[REDACTED] - week ending 10/11/14

CWI

Salary per hour	X 40 /		[REDACTED]
Overtime	26 /		
Per Diem	7 /		
Subtotal			

[REDACTED] - week ending 10/11/14

CWI

Salary per hour	X 40 /		[REDACTED]
Overtime	26 /		
Per Diem	7 /		
Subtotal			

Subtotal

Tax

Total

RECEIVED

By [REDACTED] at 8:35 am, Dec 05, 2014

BK-D-360

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 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. Sempra 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)x
 - ii. Jacobs Project Director

[illegible]

APPROVALS

Planned Overtime

Functional/ Discipline Manager (as applicable)

Project Manager

Signature and Date

Signature and Date

Printed Name

Printed Name _____

Printed Name _____

Blackout Overtime

PROJECT DIRECTOR

Signature and Date

Printed Name _____

TIME PERIOD: 10/11/2014
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

OVERHEAD ACCOUNT NUMBER	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTALS
AFE [REDACTED] / LN 45-120 SECTION 2 / PO# 82027	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
	0	11	11	11	11	11	11	66
								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	5

Cell Phone 6 Computer & Printer 6 Digital Camera 6 DAYS WORKED 6

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

ACTUAL HOURS
WORKED 66

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]
dsempautilities.com

EMPLOYEE CELL / WORK PHONE # [REDACTED]

EMPLOYEE EMAIL ADDRESS: [REDACTED]@yahoo.com

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: 10/11/2014
WEEK ENDING

EMPLOYEE ID#: 147282

EMPLOYEE NAME: [REDACTED]

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	TOTALS
OVERHEAD ACCOUNT NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
AFE. <u>[REDACTED]</u> P.O. 82027		11	11	11	11	11	11	66
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 6

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 66

FIELD SUPERVISOR: [REDACTED]

FIELD SUPERVISOR PHONE # [REDACTED]
@sempraubilities.com

EMPLOYEE CELL / WORK PHONE # [REDACTED]

EMPLOYEE EMAIL ADDRESS: [REDACTED] @gmail.com

() 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 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:

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

() NOTE FIELD LOCATION ADDRESS CHANGE

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

TIME PERIOD: 10/11/2014
WEEK ENDING

EMPLOYEE ID #: 900008

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: Welding Inspector

CLIENT: SoCal CODE: AO

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	
AFE# NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	TOTALS
<u>[REDACTED] PO#82027 LN 45-120 Sec 2</u>		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
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]@gmail.com DAYS WORKED 6

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

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 Rev 09/09/13

TIME PERIOD: 10/11/2014

WEEK ENDING

EMPLOYEE ID#: 144769

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
92021								0
LN - 4S-120 sec - 2 WBS# 2.5		3	5	4	7	3	6	28
LN 33-120 sec - 3 WBS# 1.3	92021	1	1	2	2	1		7
LN 33-121 - WBS# 1.3	82000		1			1		2
LN 404 - sec 3/4/5 WBS# 1.3	25390	3	2	2		3		10
L 406 sections 2,2A,3 WBS# 1.3	25374	3	1	2	1	2		9
								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	7
EQUIPMENT	NO	Yes	Yes	Yes	Yes	Yes	Yes	6

Cell Phone YES Computer & Printer YES Digital Camera YES DAYS WORKED 6

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

ACTUAL HOURS 56

STATE OF JOB LOCATION: California

WORKED

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FIELD SUPERVISOR:

FIELD SUPERVISOR PHONE #

EMPLOYEE CELL / WORK PHONE #

EMPLOYEE EMAIL ADDRESS: 1980@yahoo.com

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: 10/11/2014

WEEK ENDING

EMPLOYEE ID #: 82321

EMPLOYEE NAME:

CLASSIFICATION: NACE 2 Coating Inspector

CLIENT: SoCal

CODE:

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

No
 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
PO#82027 LN SL 45-120 SEC 2	0	11	11	11	11	11	11	66
								0
								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	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: @yahoo.com

DAYS WORKED 6

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)

() NOTE PRIMARY ADDRESS CHANGE

Primary W-4

Residence Street:

Address :

EMPLOYEE SIGNATURE:

CLIENT SIGNATURE:

EMAIL TIME SHEETS TO:

or Fax to:

Project Manager Phone #

() NOTE FIELD LOCATION ADDRESS CHANGE

Actual City / State / Zip of
 work location

555 West 5th Street Los Angeles, CA 90028 Rev 09/09/13

TIME PERIOD: 10/11/2014
WEEK ENDING

EMPLOYEE ID#: 81916

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: Chief 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
AFEM 45-120 SEC 2 WBS#2.5 PO# 82027		11	11	11	11	11	11	66
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 6

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

ACTUAL HOURS
WORKED 66

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]
[REDACTED]@semtorutilities.com

EMPLOYEE CELL / WORK PHONE # [REDACTED]

EMPLOYEE EMAIL ADDRESS: [REDACTED]@yahoo.com

EMPLOYEE SIGNATURE: [REDACTED]

CLIENT SIGNATURE: [REDACTED]

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

() NOTE FIELD LOCATION ADDRESS CHANGE

() NOTE PRIMARY 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: 10/11/2014

WEEK ENDING

EMPLOYEE ID #: 900007

EMPLOYEE NAME:

CLASSIFICATION: Welding Inspector

CLIENT: SO Cal

CODE: AD

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	
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		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)		YES	YES	YES	YES	YES	YES	6

STATE OF JOB LOCATION: CALIFORNIA

Email Address: @yahoo.com

DAYS WORKED 6

FIELD SUPERVISOR (Print Name)

FIELD SUPERVISOR PHONE #

EMPLOYEE WORK PHONE #

EMPLOYEE CELLULAR PHONE #

Project Manager (Print Name)

() NOTE PRIMARY ADDRESS CHANGE

Primary W-4
 Residence Street
 Address :

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:

CLIENT SIGNATURE:

EMAIL TIME SHEETS TO:

or Fax to:

Project Manager Phone #

() NOTE FIELD LOCATION ADDRESS CHANGE

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

OVERHEAD ACCOUNT NUMBER	Sunday HOURS	Monday HOURS	Tuesday HOURS	Wednesday HOURS	Thursday HOURS	Friday HOURS	Saturday HOURS	TOTALS
LN 45-120 Sec 2 WBS #2.5		11	11	11	11	11	11	66
PO# 82027								0
								0
								0
								0
WORK RELATED MILEAGE	0	0	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 6 Computer & Printer 6 Digital Camera 6 DAYS WORKED 6

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 66

FIELD SUPERVISOR:

FIELD SUPERVISOR PHONE #

EMPLOYEE CELL / WORK PHONE #

EMPLOYEE EMAIL ADDRESS: @YAHOO.COM

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:

CLIENT SIGNATURE:

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

() NOTE FIELD LOCATION ADDRESS CHANGE

() NOTE PRIMARY 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: 10/11/2014EMPLOYEE ID #: 900005

WEEK ENDING

EMPLOYEE NAME: [REDACTED]CLASSIFICATION: Welding InspectorCLIENT: SoCal CODE: AD

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
[REDACTED] /LN 45-120 SEC 2 WBS#2.5 PO#		11	11	11	11	11	11	66
								0
								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	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]@yahoo.com DAYS WORKED 6

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

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 Rev 09/09/13

TIME PERIOD: 10/11/2014
WEEK ENDING

EMPLOYEE ID#: 82322

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
AFER [REDACTED] PO#82027 LN 45-120 SEC 2 WBS#2.5		11	11	11	11	11	11	66
WORK RELATED MILEAGE	0	0	0	0	0	0	0	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 Y Computer & Printer Y Digital Camera Y DAYS WORKED 6

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 66

FIELD SUPERVISOR: [REDACTED]

FIELD SUPERVISOR PHONE # [REDACTED]

EMPLOYEE CELL / WORK PHONE # [REDACTED]

EMPLOYEE EMAIL ADDRESS: [REDACTED]@yahoo.com

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 FIELD LOCATION ADDRESS CHANGE

() NOTE PRIMARY ADDRESS CHANGE

Primary W-4 Residence
Street Address : [REDACTED]

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

[REDACTED]

EMPLOYEE NAME: _____

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	
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
								0
ATV	0	0	0	0	0	0	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	0	0	0	0	0	0
PER DIEM (YES OR NO)	YES	YES	YES	YES	YES	YES	YES	7
CELL PHONE (YES OR NO)	0	YES	YES	YES	YES	YES	YES	6

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: _____

CLIENT SIGNATURE: _____

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 90013 Rev 09/09/13

TIME PERIOD: 10/11/2014
WEEK ENDING

EMPLOYEE ID #: 82324

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: Welding Insp

CLIENT: SoCal 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#	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
LN 45-120 SEC 2 WBS#2.5		11	11	11	11	11	11	66
PO# 82027								0
								0
ATV								0
CAMERA		11	11	11	11	11	11	66
COMPUTER		11	11	11	11	11	11	66
WORK RELATED MILEAGE								0
PER DIEM (YES OR NO)	Y	Y	Y	Y	Y	Y	Y	
CELL PHONE (YES OR NO)	N	Y	Y	Y	Y	Y	Y	

STATE OF JOB LOCATION: California

Email Address: [REDACTED]@gmail.com

DAYS WORKED 6

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:

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

TIME PERIOD: 10/11/2014
WEEK ENDING

EMPLOYEE ID#: 82326

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: 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	TOTALS
OVERHEAD ACCOUNT NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
PO# 82027 / LN 45-120 SEC 2		11	11	11	11	11	11	66
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 6

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

ACTUAL HOURS WORKED 66

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]
[REDACTED]@semprautilities.com

EMPLOYEE SIGNATURE: [REDACTED]

EMPLOYEE CELL / WORK PHONE # [REDACTED]

CLIENT SIGNATURE: [REDACTED]

EMPLOYEE EMAIL ADDRESS: [REDACTED]@hotmail.com

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

SOUTHERN CALIFORNIA GAS COMPANY
WEEKLY TIMESHEET

Subcontractor Name: [REDACTED]
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

Employee Name	Title	Billing Rate	Hours by Project			Total Hours	Total Spend
			Project # W9Y14095 Valve-Orange Bundle SoCalGas RO: [REDACTED]	Project # W9Y14096 Valve-Palowalla Bundle SoCalGas RC: [REDACTED]	Project # W9Y14007 Line 45-120 Sec 2 Sempra PSEP WBS# WBS#W9Y1200 2-874048		
	Welding Inspector - Certified - ST				40	40	
	Welding Inspector - Certified - OT				26	26	
	Welding Inspector - Certified - DT					0	
	SR Construction Manager				28	38	
	Utility Inspector / ST					40	
	Utility Inspector / OT					0	
	Utility Inspector - DT					0	
	Welding Inspector - Certified - ST					24	
	Welding Inspector - Certified - OT					8	
	Welding Inspector - Certified - DT					0	
	Utility Inspector / ST					30	
	Utility Inspector / OT					6	
	Utility Inspector - DT					0	
	Chief Inspector / ST				40	40	
	Chief Inspector / OT				26	26	
	Chief Inspector / DT					0	
	SR Construction Manager		1	1		40	
	Utility Inspector / ST				40	40	
	Utility Inspector / OT				26	26	
	Utility Inspector - DT					0	
	Welding Inspector - Certified - ST					32	
	Welding Inspector - Certified - OT					16	
	Welding Inspector - Certified - DT					0	
	SR Construction Manager					20	
	Utility Inspector / ST					40	
	Utility Inspector / OT					20	
	Utility Inspector - DT					0	
	Utility Inspector / OT					11	
	Utility Inspector - DT					0	
	Chief Inspector / ST					40	
	Chief Inspector / OT					10	
	Chief Inspector / DT					0	
	Welding Inspector - Certified - ST					40	
	Welding Inspector - Certified - OT					14	
	Welding Inspector - Certified - DT					0	
	NACE Certified / ST					40	
	NACE Certified / OT					20	
	NACE Certified / DT					0	
	NACE Certified / ST				40	40	
	NACE Certified / OT				26	26	
	NACE Certified / DT					0	
	Chief Inspector / ST					40	
	Chief Inspector / OT					15	
	Chief Inspector / DT					0	
	Utility Inspector / ST				40	40	
	Welding Inspector - Certified - DT					0	
	Utility Inspector / ST					40	
	Utility Inspector / OT					20	
	Utility Inspector - DT					0	
	Senior Inspector / ST					40	
	Senior Inspector / OT					20	
	Senior Inspector / DT					0	
	Welding Inspector - Certified - ST				40	40	
	Welding Inspector - Certified - OT				26	26	
	Welding Inspector - Certified - DT					0	
	Utility Inspector / ST					40	
	Utility Inspector / OT					10	
	Utility Inspector - DT					0	
	Welding Inspector - Certified - ST					40	
	Welding Inspector - Certified - OT					20	
	Welding Inspector - Certified - DT					0	
	Utility Inspector - DT					0	
	Hours		1.00	1.00	820.00	0	
	Spend						

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: [REDACTED]

Invoice number: 2202840

PM: [REDACTED]

Vendor: [REDACTED]

Mail content report generated by COLLECTOR

From:

[REDACTED]
</o=ENOVA/ou=Exchange
Administrative Group (FYDIBOHF23SPD
LT)/cn=Recipients/cn=[REDACTED]

Sent:

Tuesday, January 06, 2015 1:33 PM

To:

AP_Invoices_SCG

Subject:

[REDACTED] 2202840

Attachments: COL_26E35006.pdf

Attached you will find the following reviewed invoice.

[REDACTED] 2202840

Please advise if any additional information is needed.

Thank you,

[REDACTED]
SoCalGas PSEP

555 W 5th St, 23-098

Los Angeles, CA 90001

[REDACTED]@ [REDACTED]

[REDACTED]

Doc.Type : RS (Readsoft - LIV) Normal document					
Doc. Number	5100902619	Company Code	2200	Fiscal Year	2015
Doc. Date	10/11/2014	Posting Date	02/13/2015	Period	02
Calculate Tax	<input type="checkbox"/>				
Ref.Doc.	2202840				
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 Section2 03.02.02 OP

REVIEWED

By [REDACTED] at 10:31 am, Jan 05, 2015

A/R Invoice

Date	Due Date	Invoice#
11/08/14	12/08/14	2203608

Bill ToSouthern California Gas [REDACTED]
[REDACTED]**Remit To**
[REDACTED]

Project Manager	Contact Person	Purchase/Work Order #	AFE#	Terms
[REDACTED]	[REDACTED]	[REDACTED]	W9Y14007	[REDACTED]

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

Customer Number: [REDACTED]
PROJECT NUMBER: W9Y14007**RECEIVED**

By [REDACTED] at 11:19 am, Nov 24, 2014

[REDACTED] week ending 11/8/14

NACE

Salary per hour	[REDACTED]	[REDACTED]	[REDACTED]
Overtime	[REDACTED]	[REDACTED]	[REDACTED]
Per Diem	[REDACTED]	[REDACTED]	[REDACTED]
Subtotal	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED] week ending 11/8/14

CWI

Salary per hour	[REDACTED]	[REDACTED]	[REDACTED]
Overtime	[REDACTED]	[REDACTED]	[REDACTED]
Per Diem	[REDACTED]	[REDACTED]	[REDACTED]
Subtotal	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED] week ending 11/8/14

UTILITY

Salary per hour	[REDACTED]	[REDACTED]	[REDACTED]
Overtime	[REDACTED]	[REDACTED]	[REDACTED]
Per Diem	[REDACTED]	[REDACTED]	[REDACTED]
Miles	[REDACTED]	[REDACTED]	[REDACTED]
Subtotal	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED] week ending 11/8/14

CWI

Salary per hour	[REDACTED]	[REDACTED]	[REDACTED]
Overtime	[REDACTED]	[REDACTED]	[REDACTED]
Per Diem	[REDACTED]	[REDACTED]	[REDACTED]
Subtotal	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED] week ending 11/8/14

CWI

A/R Invoice

Date	Due Date	Invoice#
11/08/14	12/08/14	2203808

Bill To

Southern California Gas

Remit To

Project Manager	Contact Person	Purchase/Work Order #	AFE#	Terms
			W9Y14007	

Description	Quantity	Price	Total
Salary per hour			
Overtime			
Per Diem			
Subtotal			

week ending 11/8/14

WELDING

Salary per hour			
Per Diem			
Subtotal			

week ending 11/8/14

NACE			
Salary per hour			
Overtime			
Per Diem			
Subtotal			

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			
Subtotal			

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

Bill To

Southern California Gas

Remit To

Project Manager

Contact Person

Purchase/Work Order #

AFE#

Terms

W9Y14007

Description

Quantity

Price

Total

Subtotal \$5,400.28

week ending 11/8/14

CW

Salary per hour

Overtime

Per Diem

Subtotal

week ending 11/8/14

NACE

Salary per hour

Overtime

Per Diem

Subtotal

- week ending 11/8/14

UTILITY

Salary per hour

Overtime

Per Diem

Subtotal

week ending 11/8/14

CW

Salary per hour

Overtime

Per Diem

Subtotal

- week ending 11/8/14

CHIEF

Salary per hour

Overtime

Per Diem

Subtotal

A/R Invoice

Date	Due Date	Invoice#
11/08/14	12/08/14	2203808

Bill To

Southern California Gas

Remit To

Project Manager	Contact Person	Purchase/Work Order #	AFE#	Terms
			W9Y14007	

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

Subtotal

Tax

Total

██████████

[REDACTED]

NOTES: 2. 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 by this OverTime Request Form, Subcontractor is eligible for compensation for non-exempt employees at the Overtime Rate established in the latest version of the Subcontractor Roster. If no such Overtime Rate exists, Subcontractor shall be compensated at the Overtime 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:

7. Functional/Discipline Manager (as applicable)

II. Project Manager

017. Scoping 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:

L. All approvals required by Note 4 (above):x

H. Anthony Proctor, Director

[illegible]

* Applicable Rate - Either the Billing Rate or Overtime Rate as established on the Subcontractor Roster for the given employee based on their exemption status (exempt or non-exempt).

REASONING / JUSTIFICATION:

APPROVALS:

Planned Overtime:

Functional/ Discipline Manager (accountable)

Project Manager

Significant Findings

Situation and Data

Deputat Stana

Related Name

De Overname

Director

Summary and Data

Memo

TIME PERIOD: 11 /3/2014
WEEK ENDING

EMPLOYEE ID#: 147168

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: 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

OVERHEAD ACCOUNT NUMBER	Sunday HOURS	Monday HOURS	Tuesday HOURS	Wednesday HOURS	Thursday HOURS	Friday HOURS	Saturday HOURS	TOTALS
IO # <u>[REDACTED]</u> LN 45-120 SECTION 2 / PD# <u>[REDACTED]</u> WBY14007								0
								0
								0
								0
								0
WORK RELATED MILEAGE					Y			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!

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

Rev 09/26/13

TIME PERIOD: 11/8/2014
WEEKENDING

EMPLOYEE ID#: 147282

EMPLOYEE NAME: [REDACTED]

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

OVERHEAD ACCOUNT NUMBER	Sunday HOURS	Monday HOURS	Tuesday HOURS	Wednesday HOURS	Thursday HOURS	Friday HOURS	Saturday HOURS	TOTALS
JOB# <u>[REDACTED]</u> P.C. <u>[REDACTED]</u>								
WSY14007								
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 [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

Rev 09/26/13

TIME PERIOD: 11/8/2014
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

SoCal Release Order #:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTALS
AFE# NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
IO [REDACTED] 45-120-SEC2 WBS 2.5 P [REDACTED]								
W9Y14007								0
								0
ATV								0
CAMERA								
COMPUTER								
WORK RELATED MILEAGE								0
PER DIEM (YES OR NO)								
CELL PHONE (YES OR NO)								

STATE OF JOB LOCATION: California Email Address: [REDACTED] DAYS WORKED 6

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 90029 9/9/13

TIME PERIOD: 11/8/2014
WEEK ENDING

EMPLOYEE ID#: 81771

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								
IO <u>[REDACTED]</u> 45-120-SEC2 WBS2.5 PO <u>[REDACTED]</u>								
WSY14007								0
								0
								0
								0
								0
WORK RELATED MILEAGE								
PER DIEM (Yes or No)								
EQUIPMENT								

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]

FIELD SUPERVISOR: [REDACTED]

FIELD SUPERVISOR PHONE # [REDACTED]

EMPLOYEE CELL / WORK PHONE # [REDACTED]

EMPLOYEE EMAIL ADDRESS: [REDACTED]

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EMPLOYEE SIGNATURE: [REDACTED]

CLIENT SIGNATURE: [REDACTED]

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

() NOTE FIELD LOCATION ADDRESS CHANGE

() NOTE PRIMARY ADDRESS CHANGE

Actual City / State / Zip of
work location

Primary W-4 Residence
Street Address : [REDACTED]

555 W 5th Street Los Angeles, CA 90024

Rev 09/26/13

WEEK ENDING

144769

CLASSIFICATION: Senior Construction Manager

CLIENT: SoCal CODE: _____

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

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!
STATE OF JOB LOCATION: California ACTUAL HOURS 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.

EMPLOYEE SIGNATURE: _____
CLIENT SIGNATURE: _____

() NOTE FIELD LOCATION ADDRESS CHANGE

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

the accompanying

TIME PERIOD: 11/8/2014

WEEK ENDING

EMPLOYEE ID #: 82321

EMPLOYEE NAME:

CLASSIFICATION: NACE 2 Coating Inspector

CLIENT: SoCal

CODE:

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

No
Yes

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

AFE# NUMBER	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTALS
IO# LN SL 45-120 SEC 2								0
								0
ATV								
CAMERA								
COMPUTER								
WORK RELATED MILEAGE								
PER DIEM (YES OR NO)								
CELL PHONE (YES 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 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 90014

TIME PERIOD: 11/3/2014 WEEK ENDING

EMPLOYEE ID#: 81916 147184

EMPLOYEE NAME [REDACTED]

CLASSIFICATION: Chief Insp.oto

CLIENT: SoCal CODE:

Final Time Sheet: YES
Returning Next Week: NO

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

OVERHEAD ACCOUNT NUMBER	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTALS
UO: <u>45-120 SEC 2 WBS#2.5 PO: W9Y14007</u>	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
WORK RELATED MILEAGE								
PER DIEM (Yes or No)								
EQUIPMENT								

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]

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 FIELD LOCATION ADDRESS CHANGE

() NOTE PRIMARY 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 09/26/13

From: [REDACTED]

Subject: 11-3-14 TS [REDACTED]

Received: 11/4/2014 12:04:14 PM

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

Regards,

[REDACTED]
SR. Construction Manager
Sempra Energy/Socal Gas Co.
[REDACTED]
[REDACTED]

the accompa

TIME PERIOD: 11/8/2014

WEEK ENDING

EMPLOYEE ID #: 900007

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: Welding Inspector

CLIENT: SoCal CODE:

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

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	TOTALS
AFE# NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
10 [REDACTED]	[REDACTED]							0
								0
ATV	[REDACTED]							
CAMERA	[REDACTED]							
COMPUTER	[REDACTED]							
WORK RELATED MILEAGE	[REDACTED]							
PER DIEM (YES OR NO)	[REDACTED]							
CELL PHONE (YES OR NO)	[REDACTED]							

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]

() NOTE PRIMARY ADDRESS CHANGE

Primary W-4
Residence Street
Address : [REDACTED]

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

TIME PERIOD: 11/8/2014

WEEK ENDING

EMPLOYEE ID#: 82264 147181

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

OVERHEAD ACCOUNT NUMBER	Sunday HOURS	Monday HOURS	Tuesday HOURS	Wednesday HOURS	Thursday HOURS	Friday HOURS	Saturday HOURS	TOTALS
104 [REDACTED] LN 45-120 Sec 2 WBS #2.5								0
PO [REDACTED]								0
W8Y1400T								0
								0
WORK RELATED MILEAGE								
PER DIEM (Yes or No)								
EQUIPMENT								

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!

STATE OF JOB LOCATION: California

ACTUAL HOURS
WORKED [REDACTED]

FIELD SUPERVISOR: [REDACTED]

FIELD SUPERVISOR PHONE #: [REDACTED]

EMPLOYEE CELL / WORK PHONE #: [REDACTED]

EMPLOYEE EMAIL ADDRESS: [REDACTED]

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EMPLOYEE SIGNATURE: [REDACTED]

CLIENT SIGNATURE: [REDACTED]

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

() NOTE FIELD LOCATION ADD RES CHANGE

() NOTE PRIMARY 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 09/26/13

the accompan

TIME PERIOD: 11/8/2014

WEEK ENDING

EMPLOYEE ID #:

900005

EMPLOYEE NAME:

CLASSIFICATION: welding inspector

CLIENT: SoCal

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

SoCal Release Order #:

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

STATE OF JOB LOCATION: california

Email Address:

DAYS WORKED

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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 W5 th Street Los Angeles CA 90024 Rev 09/09/13

TIME PERIOD: 11/8/2014

WEEK ENDING

EMPLOYEE ID#: 82322 147262

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

	Sunday HOURS	Monday HOURS	Tuesday HOURS	Wednesday HOURS	Thursday HOURS	Friday HOURS	Saturday HOURS	TOTALS
OVERHEAD ACCOUNT NUMBER								
WORK RELATED MILEAGE								
PER DIEM (Yes or No)								
EQUIPMENT								

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:

FIELD SUPERVISOR PHONE #

EMPLOYEE CELL / WORK PHONE #

EMPLOYEE EMAIL ADDRESS:

EMPLOYEE SIGNATURE: [REDACTED]

CLIENT SIGNATURE: [REDACTED]

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

() NOTE FIELD LOCATION ADDRESS CHANGE

Actual City / State / Zip of
work location

555 W 5th Street Los Angeles, CA 90024

() NOTE PRIMARY ADDRESS CHANGE

Primary W-4 Residence

Street Address : [REDACTED]

Rev 09/26/13



TIME PERIOD: 11/8/2014
WEEK ENDING

EMPLOYEE ID #: 82325 147260

EMPLOYEE NAME: [Redacted]

CLASSIFICATION: UTILITY INSPECTOR

Final Time Sheet: (YES OR NO) 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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTALS
AFE# NUMBER	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
W9Y14007								0
								0
ATV	[Redacted]							
CAMERA								
COMPUTER								
WORK RELATED MILEAGE								
PER DIEM (YES OR NO)								
CELL PHONE (YES OR NO)								

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

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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 90061 Rev 09/09/13

TIME PERIOD: 11/8/2014

WEEK ENDING

EMPLOYEE ID#:

82326 147258

EMPLOYEE NAME:

CLASSIFICATION:

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

OVERHEAD ACCOUNT NUMBER	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTALS
IC 10 S-120 Sec 2 WBS 2.5 pc WBY14007	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
WORK RELATED MILEAGE								
PER DIEM (Yes or No)								
EQUIPMENT								

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:

CLIENT SIGNATURE:

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

() NOTE FIELD LOCATION ADDRESS CHANGE

() NOTE PRIMARY 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: 11/8/2014
WEEK ENDING

EMPLOYEE ID#: 147052

EMPLOYEE NAME: [REDACTED]

CLASSIFICATION: QA/QC/Material

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

OVERHEAD ACCOUNT NUMBER	Sunday HOURS	Monday HOURS	Tuesday HOURS	Wednesday HOURS	Thursday HOURS	Friday HOURS	Saturday HOURS	TOTALS
Account [REDACTED]	[REDACTED]							
Account [REDACTED]								
Account [REDACTED]								
(400) [REDACTED] W9Y14028								
(tulare) [REDACTED] W9Y1407								
(44-687) [REDACTED] W9Y1404								
(2001) [REDACTED] W9Y14068								
(2003) [REDACTED] W9Y14060								
newhall(45-120) [REDACTED] W9Y14007								
WORK RELATED MILEAGE								
PER DIEM (Yes or No)								
EQUIPMENT								

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 [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

Work Ending Date PAGE 2 of 3 of time cards VET 11/08/14 (14 Nov); approved hourly rate, project numbers

SECTION I - LABOR

BK-D-401

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: [REDACTED]

Invoice number: 2203608

PM: [REDACTED]

Vendor: [REDACTED]

Mail content report generated by COLLECTOR

From:

[REDACTED]
</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:

[REDACTED] 2203608

Attachments:

COL_26F11001.pdf

Attached you will find the following reviewed invoice.

[REDACTED] 2203608

Please advise if any additional information is needed.

Thank you,

[REDACTED]

SoCalGas PSEP

555 W 5th St, 23-098

Los Angeles, CA 90001



Doc.Type : RS (Readsoft - LIV) Normal document					
Doc. Number	5100902621	Company Code	2200	Fiscal Year	2015
Doc. Date	11/08/2014	Posting Date	02/13/2015	Period	02
Calculate Tax	<input type="checkbox"/>				
Ref.Doc.	2203608				
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

REVIEWED

By [REDACTED] Accounts Payables at 12:50 pm, Feb 10, 2015

RECEIVED

By [REDACTED] at 2:18 pm, Dec 30, 2014

INVOICE

December 29, 2014

Southern California Gas Company
SCG Accounts Payable: [REDACTED]

Attention: Accounts Payable
Reference: PSEP Cost Estimating Services

UCCO Job # 47001
Invoice # 5681
SCG Agreement # [REDACTED]
SCG Representative: [REDACTED]

Progress Billing #6
For Week Ending: 10/19/14 THRU 12/4/14

Original Contract Amount
Amendment Amount
Total Contract Amount

Percentage of Work Previously Performed and Billed: [REDACTED]
Value of Work Previously Performed and Billed: \$ [REDACTED]

Percentage of Work Performed Per Current Billing [REDACTED]
Value of Work Performed Per Current Billing \$ [REDACTED]

- BREAKDOWN -

J. Mitch Hagestein		Sub-Total
Project Name:	PSEP G&A OHAP SCG Capital	
Sempra I/O:	[REDACTED]	
	W9Y14002	
	Total	

Timothy Barnes		Sub-Total
Project Name:	Line 2000W Sempra PSEP	
Sempra I/O:	W9Y14024	
Project Name:	Line 33-120 Sempra PSEP	
Sempra I/O:	[REDACTED]	
	W9Y14008	
Project Name:	Pexley Station Bundle	
Sempra I/O:	[REDACTED]	
	W9Y14097	
Project Name:	Victoria Station	
Sempra I/O:	[REDACTED]	
	W9Y14099	
Project Name:	Line SL 37-18 F Sempra PSEP	
Sempra I/O:	[REDACTED]	
	W9Y14033	

Project Name:	12001 ML V Station
Semptra I/O:	W9Y14038
Project Name:	Line 49 28 Semptra PSEP
Semptra I/O:	49-28
Project Name:	Line 45, 120 Semptra PSEP
Semptra I/O:	W9Y14013
Project Name:	SGV Valves
Semptra I/O:	W9Y14007
Project Name:	EI Segundo Bundle
Semptra I/O:	W9Y14098
Project Name:	Newhall Station Bundle
Semptra I/O:	W9Y14089
Project Name:	Line 49, 11 Semptra PSEP
Semptra I/O:	W9Y14094
Project Name:	Line SL 36-9, 09 N Section 6
Semptra I/O:	W9Y14010
Project Name:	Orange Bundle
Semptra I/O:	W9Y14008
Project Name:	Line 2003 Semptra PSEP
Semptra I/O:	W9Y14060
Total	

Total Value of Work To Date: \$

Percentage of Work Performed To Date: %

Total Amount Due

Please remit to :

If you have any questions regarding this invoice, please call us at

Thank you

Federal Express:

Contractor Name: [REDACTED]
Week Ending: 10/19/2014

Job #: W9Y14002
SCG Representative: [REDACTED]

Job #: 47001

Hours by Project

BK-D-408

Description	Purpose	Billing Rate	Day	Date	PSEP G&A OHAP - SCG O&M - I/O 300733184	PSEP G&A OHAP - SCG Capital - I/O 300733514	PSEP G&A OHAP - SDG&E Capital - I/O 300736010	Total Spend
Parking for LA Tower	Parking	\$ -	Monday	10/13/14	\$ -	\$ -	\$ -	\$ -
Parking for LA Tower	Parking	\$ -	Tuesday	10/14/14	\$ -	\$ -	\$ -	\$ -
Parking for LA Tower	Parking	\$ -	Wednesday	10/15/14	\$ -	\$ -	\$ -	\$ -
Parking for LA Tower	Parking		Thursday	10/16/14				
Parking for LA Tower	Parking		Friday	10/17/14				
				Spend				

WEEK ENDING TOTALS	Hours	
	Spend	

EXPENSE PRE-AUTHORIZATION FORM

Pipeline Safety Enhancement Plan (PSEP)

EMPLOYEE NAME
Contractor Name
Contract Number

Week Ending Date 10/19/2014
Project Number W914002
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 advance as evidenced by obtaining the required signatures below, b) in accordance with the provisions of the contract, c) in accordance with Contractor's least approved Contractor Order, and d) in accordance with the Company Travel Policy. No obligation for payment shall exist if Contractor fails to meet these requirements.

#	Expense Description	Detailed Description	Purpose	Unit Rate	Units	UCM	Amount (\$)
1	Land Release					None	
2	Air Travel					None	
3	Accommodation (Lodging)					None	
4	Meals*					None	
5	Ground Transportation					None	
6	Car Rental					None	
7	Printing**					None	
8	Other Business Expenses					None	
9	Other Reimbursable Expenses					None	
10						None	
11						None	
12						None	
13						None	
14						None	
15						None	
16						None	
17						None	
18						None	
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93						None	
94						None	
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98						None	
99						None	
100						None	

ADDITIONAL COMMENTS/JUSTIFICATION

CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE COMPANY'S POLICY.

Printed Name

APPROVAL

For signature by a Company Authorized Representative

Printed Name

11-6-14

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

PERCHING SQUARE GARAGE
530 S. OLIVE STREET
LOS ANGELES, CA 90013

Fee Computer Number: 3
Card No: REYNA 1d #116
Transaction Number: 137800
Entered: 10/18/2014 06:48
Exited: 10/16/2014 17:10
Ticket #57753 Dispenser #11
Lot: Lot 1
Area: PERCHING
Rate: SQUAREVAR
Parking Fee: \$ 10.00
Total Fee: \$ 10.00
Cash: \$ 10.00
Total Paid: \$ 10.00

THANK YOU FOR VISITING
HAVE A NICE DAY...!!!
(213) 473 - 5556

PERCHING SQUARE GARAGE
530 S. OLIVE STREET
LOS ANGELES, CA 90013

Fee Computer Number: 3
Cashier: REYNA 1d #116
Transaction Number: 138098
Entered: 10/17/2014 07:02
Exited: 10/17/2014 17:01
Ticket #58230 Dispenser #11
Lot: Lot 1
Area: PERCHING
Rate: SQUAREVAR
Parking Fee: \$ 10.00
Total Fee: \$ 10.00
Cash: \$ 10.00
Total Paid: \$ 10.00

THANK YOU FOR VISITING
HAVE A NICE DAY...!!!
(213) 473 - 5556

Attachment D
Weekly Timesheet

Contractor Name: [REDACTED]
Week Ending: 10/18/2014

Job #: [REDACTED] 47001

SECTION 1 - LABOR

		Hours by Project				Total Hours	Spend
Employee Name	Title	Billing Rate	Day	Date			
[REDACTED]	Senior Project Manager/Cost Estimator	[REDACTED]	Monday	10/13/14	Line SL 37-18-F Sempra PSEP I/O [REDACTED] Jacobs# [REDACTED]	Line 2000W Sempra PSEP I/O [REDACTED] Jacobs# [REDACTED]	Victoria Station I/O [REDACTED] # [REDACTED]
	Senior Project Manager/Cost Estimator		Tuesday	10/14/14	[REDACTED]	[REDACTED]	[REDACTED]
	Senior Project Manager/Cost Estimator		Wednesday	10/15/14	[REDACTED]	[REDACTED]	[REDACTED]
	Senior Project Manager/Cost Estimator		Thursday	10/16/14	[REDACTED]	[REDACTED]	[REDACTED]
	Senior Project Manager/Cost Estimator		Friday	10/17/14	[REDACTED]	[REDACTED]	[REDACTED]
	Senior Project Manager/Cost Estimator		Hours		[REDACTED]	[REDACTED]	[REDACTED]
	Senior Project Manager/Cost Estimator		Spend		[REDACTED]	[REDACTED]	[REDACTED]
	Senior Project Manager/Cost Estimator		Total		[REDACTED]	[REDACTED]	[REDACTED]
	Senior Project Manager/Cost Estimator		Spend		[REDACTED]	[REDACTED]	[REDACTED]
	Senior Project Manager/Cost Estimator		Total		[REDACTED]	[REDACTED]	[REDACTED]

SECTION 2 - EQUIPMENT & EXPENSES

Description	Purpose	Billing Rate	Day	Date	Line SL 37-18-F Sempra PSEP I/O [REDACTED] # W9Y14033	Pixley Station Bundle I/O [REDACTED] # W9Y14097	Line 2000W Sempra PSEP I/O [REDACTED] # W9Y14024	Victoria Station I/O [REDACTED] # W9Y14099	Total Spend
Pre Diem	Living Expense	[REDACTED]	Monday	10/13/14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Pre Diem	Living Expense		Tuesday	10/14/14					
Pre Diem	Living Expense		Wednesday	10/15/14					
Pre Diem	Living Expense		Thursday	10/16/14					
Pre Diem	Living Expense		Friday	10/17/14					
				Spend	[REDACTED]				
				Hours	[REDACTED]				
				WEEK ENDING TOTALS					
				Spend	[REDACTED]				

EXPENSE PRE-AUTHORIZATION FORM

Pipeline Safety Enhancement Plan (PSEP)

EMPLOYEE NAME: [REDACTED]

Contractor Name: [REDACTED]

Contract Number: [REDACTED]

Agreement No. [REDACTED]

Week Ending Date: 10/19/2014

Project Number: [REDACTED]

Project Name: [REDACTED]

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

#	Expense Description	Detailed Description	Purpose	Unit Rate	Units	UOM	Amount (\$)
1	Auto Mileage					Miles	
2	Air Travel						
3	Accommodations (Lodging)					Nights	
4	Meals*					LOT	
5	Ground Transportation						
6	Car Rental						
7	Parking**			\$0.00	0.00	Day	\$0.00
8	Other Business Expenses						
a							
b							
c							
d							
e							
9	Other Reimbursable Expenses						
a							
b							
c							
d							
e							

* Maximum of [REDACTED] per day, per person

** Employees whose Primary Work Location, as noted on the Contractor Roster, is the Gas Company Tower, are not eligible for reimbursement of parking.

	Effective Date	Inclusive of:	Unit Rate	Units	UOM	Amount (\$)
Per Diem	10/13/14 - 10/19/14					

Estimated Total Expenses for Week Ending: 10/19/2014 [REDACTED]

ADDITIONAL COMMENTS / JUSTIFICATION

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

For signature by Contractor

Printed Name

Signature

10/20/2014

Date

APPROVAL

For signature by a Company Authorized Representative.

Printed Name

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

Contractor Name: [REDACTED]
Week Ending: 10/26/2014

Job #: 47001

SECTION 1 - LABOR

SECTION 1 - LABOR					Hours by Project					Total							
					L2001 MLV Station	Pixley Station Bundle	Line 33-120 Sempra PSEP	Line 49-28 Sempra PSEP	Line 49-28 Sempra PSEP								
Employee Name	Title	Billing Rate	Day	Date	I/O [REDACTED] # W9Y140B8	I/O [REDACTED] # W9Y14097	I/O [REDACTED] # W9Y14008	I/O [REDACTED] 49-28 W9Y14013	I/O [REDACTED] 49-28 W9Y14013	Total Hours							
[REDACTED]	Senior Project Manager/Cost Estimator	[REDACTED]	Monday	10/20/14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]							
	Senior Project Manager/Cost Estimator		Tuesday	10/21/14													
	Senior Project Manager/Cost Estimator		Wednesday	10/22/14													
	Senior Project Manager/Cost Estimator		Thursday	10/23/14													
	Senior Project Manager/Cost Estimator		Friday	10/24/14													
	[REDACTED]										[REDACTED]						
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SECTION 2 - EQUIPMENT & EXPENSES

Description	Purpose	Billing Rate	Day	Date	#REF!	Pixley Station Bundle I/O [REDACTED] W9Y14097	Line 49-28 Sempra PSEP I/O [REDACTED] 49-28 W9Y14013	#REF!	Line 49-28 Sempra PSEP I/O [REDACTED] 49-28 W9Y14013	Total Spend
Pre Diem	Living Expense	[REDACTED]	Monday	10/20/14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Pre Diem	Living Expense		Tuesday	10/21/14						
Pre Diem	Living Expense		Wednesday	10/22/14						
Pre Diem	Living Expense		Thursday	10/23/14						
Pre Diem	Living Expense		Friday	10/24/14						
				Spend	[REDACTED]					
WEEK ENDING TOTAL \$ [REDACTED]										

EXPENSE PRE-AUTHORIZATION FORM**Pipeline Safety Enhancement Plan (PSEP)****EMPLOYEE NAME:** [REDACTED]**Contractor Name:** [REDACTED]**Contract Number:** [REDACTED]**Agreement No.:** [REDACTED]**Week Ending Date:** 10/26/2014**Project Number:** [REDACTED]**Project Name:** [REDACTED]

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

#	Expense Description	Detailed Description	Purpose	Unit Rate	Units	UOM	Amount (\$)
1	Auto Mileage					Miles	
2	Air Travel						
3	Accommodations (Lodging)					Nights	
4	Meals*					LOT	
5	Ground Transportation						
6	Car Rental						
7	Parking**			\$0.00	0.00	Day	\$0.00
8	Other Business Expenses						
a							
b							
c							
d							
e							
9	Other Reimbursable Expenses						
a							
b							
c							
d							
e							

* Maximum of [REDACTED] per day, per person

** Employees whose Primary Work Location, as noted on the Contractor Roster, is the Gas Company Tower, are not eligible for reimbursement of parking.

	Effective Date	Inclusive of:	Unit Rate	Units	UOM	Amount (\$)
Per Diem	10/20/14 - 10/26/14				Days	[REDACTED]
Estimated Total Expenses for Week Ending: 10/26/2014						

ADDITIONAL COMMENTS / JUSTIFICATION

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

For signature by Contractor

Printed Name

Signature

10/27/2014
Date**APPROVAL**

For signature by a Company Authorized Representative.

Printed Name

Signature

Date

10/27/2014

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**

Contractor Name: XXXXXXXXXX
 Week Ending: 11/2/2014

Job #: 47001

SECTION 1 - LABOR

Employee Name	Title	Billing Rate	Day	Date	Hours by Project					Total Hours	Spend
					Line 49-28 Semptra PSEP	Line 45-120 Semptra PSEP	Line 33-120 Semptra PSEP	Line 49-28 Semptra PSEP	SGV Valves		
XXXXXXXXXX	Senior Project Manager/Cost Estimator	\$	Monday	10/27/14	I/O XXXXXXXXXX # W9Y14013	I/O XXXXXXXXXX # W9Y14007	I/O XXXXXXXXXX # W9Y14008	I/O XXXXXXXXXX # W9Y14013	I/O XXXXXXXXXX # W9Y14098		
	Senior Project Manager/Cost Estimator	\$	Tuesday	10/28/14							
	Senior Project Manager/Cost Estimator	\$	Wednesday	10/29/14							
	Senior Project Manager/Cost Estimator	\$	Thursday	10/30/14							
	Senior Project Manager/Cost Estimator	\$	Friday	10/31/14							
					Hours						
					Spend						

SECTION 2 - EQUIPMENT & EXPENSES

Description	Purpose	Billing Rate	Day	Date	Line 49-28 Semptra PSEP	Line 45-120 Semptra PSEP	Line 33-120 Semptra PSEP	Line 49-28 Semptra PSEP	SGV Valves	Total Spend
Pre Diem	Living Expense		Monday	10/27/14	I/O XXXXXXXXXX # W9Y14013	I/O XXXXXXXXXX # W9Y14007	I/O XXXXXXXXXX # W9Y14008	I/O XXXXXXXXXX # W9Y14013	I/O XXXXXXXXXX # W9Y14098	
Pre Diem	Living Expense		Tuesday	10/28/14						
Pre Diem	Living Expense		Wednesday	10/29/14						
Pre Diem	Living Expense		Thursday	10/30/14						
Pre Diem	Living Expense		Friday	10/31/14						
					Spend					
WEEK ENDING TOTALS					Hours					
					Spend					

EXPENSE PRE-AUTHORIZATION FORM**Pipeline Safety Enhancement Plan (PSEP)****EMPLOYEE NAME:** [REDACTED]**Contractor Name:** [REDACTED]**Contract Number:** Agreement No. [REDACTED]**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.

#	Expense Description	Detailed Description	Purpose	Unit Rate	Units	UOM	Amount (\$)
1	Auto Mileage					Miles	
2	Air Travel						
3	Accommodations (Lodging)					Nights	
4	Meals*					LOT	
5	Ground Transportation						
6	Car Rental						
7	Parking**			\$0.00	0.00	Day	\$0.00
8	Other Business Expenses						
a							
b							
c							
d							
e							
9	Other Reimbursable Expenses						
a							
b							
c							
d							
e							

* Maximum of [REDACTED] per day, per person

** Employees whose Primary Work Location, as noted on the Contractor Roster, is the Gas Company Tower, are not eligible for reimbursement of parking.

	Effective Date	Inclusive of:	Unit Rate	Units	UOM	Amount (\$)
Per Diem	10/27/14 - 11/2/14				Days	
Estimated Total Expenses for Week Ending: 11/2/2014						

ADDITIONAL COMMENTS / JUSTIFICATION**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE PROVISIONS OF THE CONTRACT AND COMPANY TRAVEL POLICY**

For signature by Contractor

Printed Name

Signature

11/2/2014
Date**APPROVAL**

For signature by a Company Authorized Representative.

Printed Name

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

Contractor Name: [REDACTED]
Week Ending: 11/9/2014

Job #: 47001

SECTION 1 - LABOR

SECTION 1 - LABOR					Hours by Project				Total	
Employee Name	Title	Billing Rate	Day	Date	SGV Valves I/O [REDACTED] # W9Y14098	Line 45-120 Semptra PSEP I/O [REDACTED] # W9Y14007	Line 33-120 Semptra PSEP I/O [REDACTED] # W9Y14008	Line 49-28 Semptra PSEP I/O [REDACTED]-49-28 # W9Y14013	Total Hours	Spend
[REDACTED]	Senior Project Manager/Cost Estimator	[REDACTED]	Monday	11/03/14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	Senior Project Manager/Cost Estimator		Tuesday	11/04/14						
	Senior Project Manager/Cost Estimator		Wednesday	11/05/14						
	Senior Project Manager/Cost Estimator		Thursday	11/06/14						
	Senior Project Manager/Cost Estimator		Friday	11/07/14						
				Hours	[REDACTED]					
				Spend	[REDACTED]					

SECTION 2 - EQUIPMENT & EXPENSES

Description	Purpose	Billing Rate	Day	Date	SGV Valves	Line 45-120 Semptra PSEP	Line 33-120 Semptra PSEP	Line 49-28 Semptra PSEP	Total Spend	
Pre Diem	Living Expense	[REDACTED]	Monday	11/03/14	I/O [REDACTED] # W9Y14008	[REDACTED] W9Y14007	[REDACTED] W9Y14008	I/C [REDACTED] W9Y14013		
Pre Diem	Living Expense		Tuesday	11/04/14						
Pre Diem	Living Expense		Wednesday	11/05/14						
Pre Diem	Living Expense		Thursday	11/06/14						
Pre Diem	Living Expense		Friday	11/07/14						
Spend					[REDACTED]					
WEEK ENDING TOTALS					[REDACTED]					

EXPENSE PRE-AUTHORIZATION FORM**Pipeline Safety Enhancement Plan (PSEP)****EMPLOYEE NAME:** [REDACTED]**Contractor Name:** [REDACTED]**Contract Number:** [REDACTED]**Agreement No.:** [REDACTED]**Week Ending Date:** 11/9/2014**Project Number:** [REDACTED]**Project Name:** [REDACTED]

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

#	Expense Description	Detailed Description	Purpose	Unit Rate	Units	UOM	Amount (\$)
1	Auto Mileage					Miles	
2	Air Travel						
3	Accommodations (Lodging)					Nights	
4	Meals*					LOT	
5	Ground Transportation						
6	Car Rental						
7	Parking**			\$0.00	0.00	Day	\$0.00
8	Other Business Expenses						
a							
b							
c							
d							
e							
9	Other Reimbursable Expenses						
a							
b							
c							
d							
e							

* Maximum of [REDACTED] per day, per person

** Employees whose Primary Work Location, as noted on the Contractor Roster, is the Gas Company Tower, are not eligible for reimbursement of parking.

	Effective Date	Inclusive of:	Unit Rate	Units	UOM	Amount (\$)
Per Diem	10/3/14 - 11/9/14				Days	
Estimated Total Expenses for Week Ending: 11/9/2014						[REDACTED]

ADDITIONAL COMMENTS / JUSTIFICATION**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE PROVISIONS OF THE CONTRACT AND COMPANY TRAVEL POLICY**

For signature by Contractor

Printed Name

Signature

11/10/2014

Date

APPROVAL

For signature by a Company Authorized Representative.

Printed Name

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**

Contractor Name: [REDACTED]
 Week Ending: 11/23/2014

Job #: 47001

SECTION 1 - LABOR

SECTION 1 - LABOR					Hours by Project					Total
Employee Name	Title	Billing Rate	Day	Date	SGV Valves	Line 45-120 Sampra PSEP	Line 33-120 Sampra PSEP	Line 49-28 Sampra PSEP	Line 33-120 Sampra PSEP	Total
	Senior Project Manager/Cost Estimator		Monday	11/17/14	I/O [REDACTED] # W9Y14098	I/O [REDACTED] # W9Y14007	I/O [REDACTED] # W9Y14008	I/O [REDACTED] -49-28 # W9Y14013	I/O [REDACTED] # W9Y14008	Total Hours
	Senior Project Manager/Cost Estimator		Tuesday	11/18/14						Spend
	Senior Project Manager/Cost Estimator		Wednesday	11/19/14						
	Senior Project Manager/Cost Estimator		Thursday	11/20/14						
	Senior Project Manager/Cost Estimator		Friday	11/21/14						
					Hours					
					Spend					

SECTION 2 - EQUIPMENT & EXPENSES

Description	Purpose	Billing Rate	Day	Date	SGV Valves	Line 45-120 Sampra PSEP	Line 33-120 Sampra PSEP	Line 49-28 Sampra PSEP	Line 33-120 Sampra PSEP	Total Spend
Pre Diem	Living Expense		Monday	11/17/14	I/O # W9Y14098	I/O # W9Y14007	I/O W9Y14008	I/O L49-28	I/O W9Y14008	
Pre Diem	Living Expense		Tuesday	11/18/14						
Pre Diem	Living Expense		Wednesday	11/19/14						
Pre Diem	Living Expense		Thursday	11/20/14						
Pre Diem	Living Expense		Friday	11/21/14						
					Spend					
					Hours					
					Spend					
					WEEK ENDING TOTALS					

EXPENSE PRE-AUTHORIZATION FORM**Pipeline Safety Enhancement Plan (PSEP)****EMPLOYEE NAME:** [REDACTED]**Contractor Name:** [REDACTED]**Contract Number:** [REDACTED]**Agreement No.** [REDACTED]**Week Ending Date:** 11/23/2014**Project Number:** [REDACTED]**Project Name:** [REDACTED]

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

#	Expense Description	Detailed Description	Purpose	Unit Rate	Units	UOM	Amount (\$)
1	Auto Mileage					Miles	
2	Air Travel						
3	Accommodations (Lodging)					Nights	
4	Meals*					LOT	
5	Ground Transportation						
6	Car Rental						
7	Parking**			\$0.00	0.00	Day	\$0.00
8	Other Business Expenses						
a							
b							
c							
d							
e							
9	Other Reimbursable Expenses						
a							
b							
c							
d							
e							

* Maximum of \$50 per day, per person

** Employees whose Primary Work Location, as noted on the Contractor Roster, is the Gas Company Tower, are not eligible for reimbursement of parking.

	Effective Date	Inclusive of:	Unit Rate	Units	UOM	Amount (\$)
Per Diem	10/17/14 - 11/23/14				Days	

Estimated Total Expenses for Week Ending: 11/23/2014**ADDITIONAL COMMENTS / JUSTIFICATION****I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE PROVISIONS OF THE CONTRACT AND COMPANY TRAVEL POLICY**

For signature by Contractor

Printed Name

Signature

11/24/2014
Date**APPROVAL**

For signature by a Company Authorized Representative.

Printed Name

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

Contractor Name: [REDACTED]
Week Ending: 11/30/2014

ob #: [REDACTED] 47001

SECTION 1 - LABOR

SECTION 1 - LABOR				Hours by Project							
Employee Name	Title	Billing Rate	Day	Date	SGV Valves		El Segundo Bundle		Line 33-120 Sempra PSEP		Total
					I/O		I/O		I/O		
						W9Y14098		W9Y14089		W9Y14008	

SECTION 2 - EQUIPMENT & EXPENSES

					SGV Valves I/O [REDACTED] # W9Y14098	El Segundo Bundle I/O [REDACTED] # W9Y14089	Line 33-120 Sempra PSEP I/O [REDACTED] # W9Y14008	0	0	Total Spend	
Description	Purpose	Billing Rate	Day	Date							
Pre Diem	Living Expense	[REDACTED]	Monday	11/24/14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
Pre Diem	Living Expense		Tuesday	11/25/14							
Pre Diem	Living Expense		Wednesday	11/26/14							
Pre Diem	Living Expense		Thursday	11/27/14							
Pre Diem	Living Expense		Friday	11/28/14							
				Spend		[REDACTED]		[REDACTED]		[REDACTED]	
				Hours		[REDACTED]		[REDACTED]		[REDACTED]	
WEEK ENDING TOTALS				Spend		[REDACTED]		[REDACTED]		[REDACTED]	