



Attachment 2 - Billing Authorization Form

This form must be completed in its entirety for billing authorization. Send the completed form along with your service request form to Alstom Attn: Ralph Godinez via email to ralph.godinez@alstomgroup.com or Josh Dulyea at joshua.dulyea@alstomgroup.com.

Billing Information:

- Flagging personnel shall be billed at the hourly rate of \$79.31 and Signal personnel shall be billed at the hourly rate of \$83.96
- Annual rate increases not to exceed three (3) % will be applied starting on July 1 of each year. No flagging service will be provided unless prepaid or upon Alstom's acceptance of a Purchase Order.
- Call MOW/MOS Coordinator at 760-975-9692 for payment instructions.
- Support Services must be requested at a minimum of 21 days in advance of the flagging/signal requirement and approval is subject to the availability of resources.
- A minimum of four (4) hours for Flagging & Signal Services, not to exceed twelve (12) hours per day for each worker, which includes actual travel time, preparation, set- up, break down, and lunch if necessary. For shifts that exceed four (4) hours, a lunch period of thirty (30) minutes must be taken within the first five (5) hours of the start of a shift as per State of California's Labor Code.
- Work which requires shifts longer than twelve (12) hours will require additional shifts to be called out and the contractor will be billed the minimum eight (8) hours for each additional shift.
- Invoicing will be in hour increments and subject to availability.
- 72 hours notice is required for cancellation. If less than 72 hours notification is given, the full amount of the scheduled Flagging Services will be invoiced.
- Any night shift that is less than 40 hours in one (1) week will be subject to an eight (8) hour daily rate charge to return the flagman to his normal day shift.
- **For cancellation: Contact Ralph Godinez at 760-975-9692 or ralph.godinez@alstomgroup.com or Josh Dulyea at 760-899-0205 or joshua.dulyea@alstomgroup.com**

MUST BE FILLED OUT COMPLETELY

NAME OF CONTRACTOR: _____ Contact Person: _____

Billable Party: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ ZIP: _____

Scope of Work: _____

Contractor's Signature: _____ Date: _____

Note:
 Checks or postal orders should be crossed and made payable to:
Alstom Mass Transit Corp.
 Please forward this with your MOW/MOS service request form to:
3700 Maritime Way
Oceanside, CA 92056
ralph.godinez@alstomgroup.com
(760) 975-9692