



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: **Jacobs Project Management Co., Attn: Ralph Godinez, via email to ralph.godinez@jacobs.com**

Billing Information:

- Flagging personnel shall be billed at the hourly rate of \$141.82 and \$222.91 for overtime.
- Annual rate escalation will not exceed 3%, to be applied starting July 01, 2026 (Year 3) and continue each following year.
- No flagging service will be provided unless prepaid or upon Jacobs Project Management Co.'s acceptance of a Purchase Order.
- Support Services must be requested at a minimum of 21 days in advance of the flagging requirement and approval is subject to the availability of resources.
- A minimum of four (4) hours for Flagging 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 questions/inquiries regarding this billing information, Contact Jacobs Project Control Officer, Adriana Gagner, at 760-422-7819, or Adriana.Gagner@jacobs.com.**
- **For cancellation: Contact Jacobs Project Manager, Ralph Godinez at 760-422-7797, or ralph.godinez@jacobs.com**

MUST BE FILLED OUT COMPLETELY

NAME OF CONTRACTOR: _____ Billing Contact Person: _____

Billable Party: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ ZIP: _____

Scope of Work: _____

Contractor's Signature: _____ Date: _____

Note: Please forward this with your Flagging/RWIC request form and payment (Company check, Cashier's check, or Money Order) made payable to*:

Jacobs Project Management Co.
3508 Seagate Way, Suite 150
Oceanside, CA 92056
ralph.godinez@jacobs.com
(760) 422-7797

On the check, please reference Jacob Project ID D37501 and applicable Permit Number