

**TSS TEAM LEAD: {{teamLead}}**

**TSS TEAM LEAD PHONE#: {{teamLeadNumber}}**

**FLAGGING BILLING/INFORMATION SHEET**

**\*Please complete *ALL* JOB INFO**

| **S.E.C**   | **Job Location Street Number/Street Name: {{streetAddress}}** | **City: {{cityAddress}}** | | --- | --- | | **Date Work Performed: {{date}}** | **Day Work Performed: {{day}}** | | **Truck License Plate: {{license}}** |  | | **Job#:{{job}}** | **Maximo#: {{maximo}}** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

**ADDITIONAL EQUIPMENT NEEDED**

| **EQUIPMENT NAME** | **QTY** | **DAILY/WKLY** |
| --- | --- | --- |
| {{equipment.equipment}} | {{equipment.qty}} | {{equipment.dailyWeekly}} |

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| **NAME (PRINT)** | **START TIME** | **END TIME** | **FLAGGER INITIALS** | **CLIENT INITIALS** |
| --- | --- | --- | --- | --- |
| {{employees.name}} | {{employees.startTime}} | {{employees.endTime}} | {{employees.flaggerInitials}} | {{employees.clientInitials}} |

**Comment(s):**

{{comment}}

**\*\*By signing below, you are agreeing to the above billing hours. Contact your immediate supervisor with any concerns.\*\***

**Foreman/Client Name: {{clientName}}**

**Foreman/Client Signature:**

**{{clientSignature}}**

**Supervisor Name (Print): {{supervisorName}}**

**Supervisor Signature:**

**{{supervisorSignature}}**