**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: {{equipment}} QTY: {{qty}} DAILY/WKLY :{{dailyWeekly}}**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **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}}**