

**Appendix B
Calculation of Charges**

Contractor Rates are as follows:

Service Type	Hourly Rate
Short Term Service	\$140
Ongoing Service	\$120
Special Service	\$160
Training and Consultation Services	\$140
Public Health Service in City Streets	\$111

Materials costs shall be invoiced as separate line items and shall be invoiced at cost plus (+) a ten percent (10%) up-charge.

Materials costs must be verified by copy of original invoice from materials vendor(s) submitted to the City with each Contractor invoice.

Contractor IS NOT entitled to reimbursement for mileage, parking or other transportation-related costs.

**Appendix C
Invoice Format**

Invoice #	Department Name
Vendor Name	Department 3 Digit Code
Vendor Contact Name and Phone Number	Department Contact Name and Phone Number
Vendor Street Address	Department Billing Street Address
Vendor City, State, Zip Code	Department Billing City, State, Zip Code

Vendor shall detail each service type provided as a separate line item in the invoice. Materials charges shall be listed as a separate line item in the invoice and shall not exceed Vendor cost + 10%.

Signed Service Tickets (original or scanned image) and Materials cost verification must be provided as backup documentation with each invoice.

Service Date	Service Location (Dept Name and Address of Site where service were performed)	Time In	Time Out	Total Hours Worked	Service Provided (i.e. short term service, ongoing service, etc.)	Hourly Rate for Service Provided (as listed in Contract Award)	Total Charge for Service Provided (total hours worked x hourly rate for service provided)

(Additional lines should be added to the above table as needed)

Subtotal: \$ _____
 Tax: \$ _____
 Total: \$ _____

Department Signature (verifying that invoice is correct and accurate) x _____ Date _____

Appendix D
Site Visit Log Format

	Date Sighted	Exact Location of Pest Sighting	Name of Person Reporting	Date of Response	# of Contractor Employees Reporting *	Contractor Employee Name	Contractor Employee ID#	Time In	Time Out
1.									
2.									
3.									
4.									

| **If more than one contractor is on site, each must list their names, ID# and individual time in/out.*