
**COUNTY AGREEMENT NUMBER XXXXX
AGREEMENT WITH [CONSULTANT'S NAME]
FOR [SERVICES TO BE PROVIDED]
EXHIBIT C – PAYMENT SCHEDULE**

County shall pay Consultant in accordance with the provisions set forth below.

1. COMPENSATION.

County agrees to pay Consultant the Maximum Compensation of \$_____ as follows:

[THE SUM OF THE AMOUNTS IN SUBSECTIONS A, B C AND D BELOW CANNOT EXCEED THE MAXIMUM COMPENSATION.]

- A. Consultant shall be paid a maximum of \$_____ for performance of the **Basic Services** listed in Section 2 below during the Term of this Contract. This amount shall be full compensation for all Basic Services performed pursuant to this Contract.

- B. Consultant shall be entitled to reimbursement for incidental expenses incurred during the performance of this Contract. These **Reimbursable Expenses**, may include printing and reproduction services, film and developing pictures, aerial and/or topographic surveys for base maps, permit fees and other expenses approved in advance by COTR in his/her sole discretion. Compensation for Reimbursable Expenses shall be at cost. Expenses for office or drafting supplies, phone calls, copies, faxes, mileage, and other similar standard expenses are considered part of Consultant's overhead and shall not be separately billed, or compensated, as Reimbursable Expenses. Compensation for Reimbursable Expenses incurred during the performance of this Contract shall not exceed \$_____.

- C. Consultant shall be entitled to compensation for **Additional Services** provided. Additional Services are services that are not included in the Basic Services. Consultant must receive prior written authorization from County before incurring any expenses for Additional Services. Compensation for Additional Services performed by Consultant shall not exceed \$_____. Compensation for Additional Services shall be at the hourly rates listed below, unless otherwise agreed to in writing.

CATEGORY

HOURLY RATE

[LIST THE JOB DESCRIPTION AND HOURLY RATE FOR EACH PERSON WHO MAY PROVIDE ADDITIONAL SERVICES.]

- D. If Consultant's office is located outside San Diego County, Consultant shall also be entitled to reimbursement for reasonable travel, lodging and meal expenses. To be eligible for reimbursement, these expenses must meet all of the criteria in this subsection. Consultant must have incurred the expenses to travel to the project site to provide one or more of the services specified in Exhibit A, Statement of Work. The reimbursable expenses shall not exceed the actual cost of airfare excluding first class fare unless approved in advance by the COTR; actual cost of rental vehicles, taxi service, etc.; and the County-authorized rates set forth in Administrative Code section 472 for lodging \$___ per night plus actual taxes, breakfast \$___, lunch \$___ and dinner \$___ for a maximum daily meal expense of \$___. Consultant shall submit a receipt for each expense. Total reimbursement for travel, lodging and meals for the performance of this Contract shall not exceed \$_____. Consultant may incur travel, lodging or meal expenses greater than the County-authorized rates. However, Consultant shall not be entitled to reimbursement for the difference between the County-authorized rate for each category and the actual cost.

[INCLUDE SUBSECTION D ONLY IF CONSULTANT WILL INCUR REIMBURSABLE TRAVEL EXPENSES. SEE ADMIN. CODE SECTION 472 FOR RATES].

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2. CLAIM FOR PAYMENT.

Consultant shall submit one claim for each Task/Deliverable following the completion of each Task/Deliverable listed below, including all Reimbursable Expenses incurred, and Additional Services, if any, performed in relation to that Task/Deliverable. Each claim shall identify the Task/Deliverable to which the claim applies and the amount of compensation sought for each Task/Deliverable, for Reimbursable Expenses and for authorized Additional Services, if any, performed for that Task/Deliverable. If Consultant seeks payment for Reimbursable Expenses, the claim shall include an itemized list of all Reimbursable Expenses related to that claim with all invoices attached. For other authorized Additional Services, Consultant shall submit no more than one claim each month that describes the Additional Services performed, the hourly rates that apply, the number of hours worked, the compensation sought and the Reimbursable Expenses (itemized with all invoices attached) incurred that month.

The COTR shall review each claim before payment. Only claims that include the information described above shall be eligible for payment. Each claim the COTR approves shall be paid and shall constitute full payment for the Task/Deliverable for which the claim was submitted and any Reimbursable Expenses incurred and Additional Services, if any, performed.

[CHOOSE "TASK" OR "DELIVERABLE" DEPENDING ON TERM USED IN EXHIBIT A. DELETE THE OTHER WORD.]

3. PAYMENT SCHEDULE.

County shall compensate Consultant for Basic Services performed under this Agreement based on the amount listed below for each Task/Deliverable that Consultant completes (_____ payments).

BASIC SERVICES

PAYMENT

Task/Deliverable 1
Task/Deliverable 2
Task/Deliverable 3
Task/Deliverable 4
Etc.

Total Basic Services

\$ _____

***[CHOOSE "TASK" OR "DELIVERABLE" DEPENDING ON TERM USED IN EXHIBIT A..
DELETE THE OTHER WORD. MAKE SURE THE TASKS/DELIVERABLES LISTED HERE ARE
IDENTICAL TO THOSE LISTED IN EXHIBIT A. PAYMENT MUST BE LINKED TO COMPLETION OF A
TASK OR DELIVERABLE, EXCEPT FOR ADDITIONAL SERVICES.]***