REIMBURSABLE LETTER OF AGREEMENT

CHP 465 (Rev. 2-25) OPI 071

THIS of	AGREEMENT, Reimbursable Services Control Log # R- made and entered into this day , by and between the State of California, acting by and through the Department of California							
High	,, by and between the State of California, acting by and through the Department of California way Patrol, hereinafter called CHP, and, hereinafter called							
WORK SHALL COMMENCE ON THE START DATE OR UPON APPROVAL BY BOTH THE CHP AND REQUESTER, WHICHEVER IS LATER. NO SERVICE SHALL BEGIN BEFORE THAT TIME.								
1.	Reimbursable services are to be provided whentraffic control security servicesvehicle inspections other details for are required, the CHP agrees to provide uniformed personnel with motorcycles and/or patrol vehicles to assist with the							
2.	The term of this Agreement will beto							
3.	The CHP coordinator shall be, telephone number							
4.	In the event of a disaster or unforeseen emergency, this Agreement may be canceled without prior notice by the CHP.							
5.	agrees, to the extent permitted by law to indemnify the CHP against and hold the CHP harmless from any and all claims, demands, suits, and actions for personal injury, death, loss, and/or property damage that may arise out of or in connection with the performance of this Agreement, even though such injury, death, loss and/or damage to property may be (or may be alleged to be) attributable in part to the active and/or passive negligence of the CHP and/or its appointees, officers, agents, employees, and servants.							
	agrees to defend all such claims, demands, suits, and actions against CHP and/or its appointees, officers, agents, employees, and servants, although the CHP retains the right to conduct the defense at its own expense shall reimburse the CHP for all expenses including court costs and reasonable attorney fees, incurred by reason of such claims, demands suits, and actions, or incurred in seeking indemnity or other recovery from thereunder.							
6.	No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by all parties and approved as required. No oral understanding or Agreement not incorporated in this Agreement is binding on any of the parties.							
7.	When one of the contracting parties is a county, city, district, or other local public body, this Agreement shall be accompanied by a copy of the resolution, order, motion, or ordinance of the local governing body, which by law provides the authority to enter into and execution of this Agreement. When performance by the local government entity will be completed before any payment by the CHP, such as a room rental or a one-time event, a resolution is not required.							
8.	agrees that additional charges which are directly related to the services provided, maybe assessed for the CHP supplies, additional equipment utilized, damage to uniforms, or property repaired or replaced at the CHP's expense.							
9.	If the CHP uniformed employee has reported to the assigned location and has worked less than four hours, agrees to pay every assigned uniform employee a minimum of four							
	hours overtime. Exception: This does not apply to those cases when the hours worked is part of an extended shift. will not be charged for cancellations made more than 24 hours prior to the scheduled assignment.							
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10.	agrees that if cancellation is made within 24 hours prior to the scheduled assignment and the assigned CHP uniformed employee(s) cannot be notified of such cancellation, a minimum of four hours overtime will be charged for each assigned uniformed employee.							

11.			a	agrees t	hat if cancel	lation is made within 24 hours prior to t	ne		
	scheduled assignment and the CHP employee is notified of such cancellation, will only be charged a short notice cancellation fee of \$150.00 per								
	assigned C	CHP uniformed employee.		viii Only	pe charged	a short notice cancellation fee of \$150.	oo per		
12.	All cancellation notices to the CHP must be made during normal CHP business hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding legal holidays. Cancellation notices shall only be accepted by the appropriate CHP Division of Area office.								
13.	The CHP a	The CHP agrees to make reasonable efforts to notify those CHP uniformed employees of the cancellation.							
14.	. No additional gifts, donation, or gratuities may be accepted by the CHP employees on their behalf or on the behalf of the Department, informal squad fund(s), or other local fund(s).								
15.	The hours charged.	The hours and miles indicated in this Agreement are for estimate purposes only. Actual time and vehicle mileage will be charged. This includes travel between the CHP Division/Area command and the service location.							
16.	The rates indicated in this Agreement are for estimate purposes only. Any increases in overhead, mileage, damaged uniforms, private-owned safety equipment, salaries, and benefits are governed by collective bargaining agreement and statute. In the event an officer is not available, a sergeant will be assigned to work in the place of the officer, and will be charged at the current sergeant's pay. In the event of a recommendation will be charged at the current sergeant's pay.								
	increase,					pay the increase rate.	, a rate		
17.	In consideration for the above services and upon receipt of an itemized invoice, agrees to reimburse the CHP for the actual costs incurred at the								
	time service exceed the purposes o	es are provided. Rate cha actual costs to the CHP to	arged to			shall in no eve e following cost information is for estima	ent		
	Serge	eant:	hrs.	@	\$	\$			
	Office	r:	hrs.	@	\$	<u> </u>	-		
	Vehicl	le mileage:	miles	@	\$	\$			
	Motor	cycle mileage:	miles	@	\$	\$			
	Other	expenses:				<u> </u>			
	Total e	estimated cost:				\$			
itiate	ed on a CHP	78R. Reimbursable Serv	rices Contract Req	uest, ar	nd forwarde	he reimbursable service request must k d to Business Services Section, Contra pter 6, Reimbursable Services)			
18.	A form of active request command comma	ing party and hand deliver officer in-charge. The FMF	equired before served directly to the S RO or on-scene co	rices car Statewid mmand	n be perform e Film Medi officer in-ch	ned. The advance deposit shall be mad a Relations Officer (FMRO) or to the or arge will approve, complete a CHP 230 at Section, Accounts Receivable.	n-scene		
	a.	Amount of deposit collect	ed: \$						
	b.	Check number:							
	C.	Cash receipt number:							
	d.	Federal Tax Identification	Number:						

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WITNESSETH: By and in consideration of the covenants and conditions herein contained, and the CHP do hereby agree to the above terms and conditions.							
STATE OF CALIFORNIA Department of California H	ighway Patrol		REQUESTOR'S N	AME			
Commander Signature	Date		Signature	Date			
Printed Name			Printed Name				
Title .			Title				
Location Code			Address				
For use by City/County C	lerk, if applicable		City	State Zip Code			
Approved as to form by	Date		Telephone Number				
BILLING INFORMATION							
Company Name							
Billing Address (The invoice or refund	of advance deposit will be sent	to this address)					
City			State	Zip Code			
Contact Name		Tele	phone Number				
E-mail							