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INVOICE / WORK ORDER NO.

125947

146 S. Ridge Ave.
Tifton, GA 31794
(229) 386-5574306 S. Main St.
Sylvester, GA 31791
(229) 776-7336604-B N. Broadfoot Blvd.
Vidalia, GA 30474
(912) 537-87223117 Veterans Parkway S.
Moultrie, GA 31788
(229) 985-69422310-B Highway 84 W
Valdosta, GA 31602
(229) 469-4250NAME Matthew Jennifer McKinnon RT# _____ RT. SEQ. _____ ACCT # 05-24522 DATE June 22, 26 INT 2

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 1746 Talmadge McKinnon Rd APT/LOT NO. _____CITY Willacoochee STATE GA ZIP CODE 31650SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____Hang with ~~the gas~~DIRECTIONS: _____

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____
HOME PH _____ RENT _____
WORK PH _____ CREDIT _____
LITE PILOT _____ PC _____
EMPLOYER _____
DR. _____ USE _____ LEASE _____

email: _____

cell # 912-327-0415

PAY BILL ONLINE @congerlpgas.com

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
<u>—</u>	<u>250</u>	<u>1556977</u>		<u>@ Site</u>	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>1</u>	<u>B4</u>				<u>92 95</u>
<u>1</u>	<u>B46R</u>				<u>97 95</u>
<u>2</u>	<u>1/2 Cutell</u>				<u>39 90</u>
<u>1</u>	<u>1/2 Coppersert</u>				<u>94 95</u>
<u>6</u>	<u>1/2 Copper</u>				<u>47 70</u>
<u>10</u>	<u>1/2 Tee</u>				<u>29 50</u>
<u>1</u>	<u>1/2 Flex Riser</u>				<u>76 95</u>
	<u>Misc B4</u>				<u>100 00</u>
<u>2</u>	<u>1/2 Straight Fitting</u>				<u>79 90</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
<u>Hang with & Tied into house</u>	MAKE: <u>Rego</u> MODEL: <u>TR9</u>	PARTS/MAT. USED	<u>NH</u>
	DATE CODE: <u>10B2025</u> VENT: <u>Down</u>	TANK RENT	<u>MP</u>
			<u>MS</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:				LEAK AND PRESSURE TEST				SALES TAX _____ %	LABOR	INV. TOTAL	AMOUNT RECEIVED
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐				HIGH: 1st Stage	2nd Stage	LOW					
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐				START LOCK-UP: PSI	PSI	START LOCK-UP: W.C.					
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.				TANK OFF: PRESSURE PSI	PSI	TANK OFF: PRESSURE W.C.					
				AFTER 10 MINUTES: PSI	PSI	AFTER 10 MINUTES: W.C.					
				PRESSURE AS LEFT: PSI	PSI	PRESSURE AS LEFT: W.C.					
X _____ CUSTOMER SIGNATURE				PIPING PRESSURE TEST				INV. TOTAL			
				START	PSIG	FINISH	PSIG	AMOUNT RECEIVED			

THE USE AND CARE OF THE APPLIANCES AND EQUIPMENT HAVE BEEN EXPLAINED TO MY SATISFACTION. I ALSO ACKNOWLEDGE RECEIPT OF THE CUSTOMER COPY EXPLAINING THE SAFETY FEATURES OF SUCH EQUIPMENT ON THE REVERSE SIDE.

SERVICE REP. SIGNATURE 22 Jun 26 x _____
DATE CUSTOMER SIGNATURE

WHITE/FILE COPY; YELLOW/CUSTOMER COPY; PINK/POSTING/OFFICE COPY