



INVOICE

No 11391

HOME OWNED & OPERATED

P.O. BOX 506 • BAXLEY, GEORGIA 31515
2174 HATCH PARKWAY SOUTH • BAXLEY, GEORGIA 31513 • Tel. (912) 367-1151

NAME	<u>Jeremy White</u>	ACCOUNT NO.	
MAIL ADDRESS	<u>103 Alfred White Rd.</u>	DATE ORDERED	
CITY/STATE/ZIP	<u>Baxley GA 31513</u>	DATE PROMISED	
PHONE	<u>912-278-4720</u>	DATE COMPLETED	<u>7-2-26</u>
LOCATION		TERMS	

INSTRUCTIONS install gas range

QTY.	TAG NO. AND DESCRIPTION OF APPLIANCE/MATERIAL	UNIT PRICE	SALES AMOUNT
1	Frigidaire FCR63062AS gas range		899 95
65'	$\frac{3}{8}$ " coated copper tubing	2 99	194 35
1	$\frac{3}{8}$ " cut off valve		12 95
4	$\frac{3}{8}$ " flare nut	1 50	6 00
1	$\frac{1}{2}$ " x $\frac{3}{8}$ " flare tee		4 99
1	$\frac{1}{2}$ " swivel		3 99
1	$\frac{3}{8}$ " x $\frac{1}{2}$ " male adapter		2 89

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:

1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐

SERVICES PERFORMED

installed gas range,
ran gas line for range, converted
range to L.P., ran pressure check,
lit & checked out appliances

TOTAL MATERIAL

1125 12

TOTAL TIME _____ HOURS

LABOR

350 00

THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.

SERVICES PERFORMED

BY

[Signature]

SUBTOTAL

SALES TAX

90 01

TOTAL DUE

1565 13

CUSTOMER'S SIGNATURE

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

INSTALLATION OR TURN ON	REMOVAL OR TURN OFF	LEAK AND PRESSURE TEST	
		HIGH	LOW
SIZE:	SIZE:	START LOCK UP:	START JACK UP:
S/N:	S/N:	TANK OFF PRESSURE:	TANK OFF PRESSURE:
GALLONS OR READING:	GALLONS OR READING:	AFTER 10 MINUTES:	AFTER 10 MINUTES:
		PRESSURE AS LEFT:	PRESSURE AS LEFT:

RECEIVED BY _____

DATE _____

SERVICES RECEIVED BY _____

- GPSA rebate 50.00
AMOUNT
RECEIVED \$ 1515.13

WHITE/CUSTOMER'S COPY; YELLOW/POSTING COPY; PINK/FILE COPY

GASCheck - Gas Appliance System Check

Account Name _____ Invoice Number _____ Date 7 / 2 / 26
 Name Jeremy White Company Sikes Propane, Inc.
 Address 103 Alfred White Rd. Call Taken By _____
 City Baxley State GA Zip 31513 Telephone (Cell) 912-278-4720 (Home) _____

Appliance Check

Appliance	<u>Range</u>	<u>water heater</u>				
Manufacturer	<u>Frigidaire</u>	<u>Rinnai</u>				
Model #	<u>FCR63062</u>	<u>V53De</u>				
Serial #	<u>VF609563</u>	<u>NJ, CA-113</u>				
	<u>25</u>	<u>048</u>				
BTU's	<u>74,000</u>	<u>120,000</u>				
Burner / Com. Chamber	<u>ok</u>	<u>ok</u>				
Man. Shutoff / Sed. Trap	<u>installed</u>	<u>installed</u>				
Control / Pilot Safety System	<u>ok</u>	<u>ok</u>				
Venting System	<u>ok</u>	<u>ok</u>				
Age	<u>new</u>	<u>new</u>				
Taken Out Of Service Or Operation						

Container Check

Size	Serial #	Manufacturer	MFR. Date	Location	Container Condition	Relief Valve	Fittings Leak Check
<u>120</u>	<u>25A019211</u>	<u>American W.</u>	<u>1995</u>	<u>ok</u>	<u>ok</u>	<u>12-94</u>	<u>ok</u>

Pressure Test (If Applicable)

Start Pressure	End Pressure	Time Held	Pressure Held
<u>124 psi.</u>	<u>124 psi.</u>	<u>10 min.</u>	☒ N
			Work Order ☒ N

Piping Check

Materials	Size	Cover / Protection
<u>coated copper</u>	<u>1/2" + 3/8"</u>	<u>ok</u>

System Leak Check

Start Pressure	End Pressure	Time Held	Pressure Held
<u>9 in. wc.</u>	<u>9 in. wc.</u>	<u>10 min.</u>	☒ N
			Work Order ☒ N

Regulator Check

Type	Manufacturer	Date / Model	Vent Position / Protection
<u>First</u>	<u>Rego</u>	<u>01-2019 / LV404Y9</u>	<u>u-g</u>
<u>Second</u>	<u>Maxitrol</u>	<u>325-52</u>	<u>horizontal</u>

Safety Information Supplied:

Comments: Please note all repairs and corrections made along with any recommended actions.