

1335 US Hwy 82 W, Leesburg, GA 31763 (229) 435-6116 FAX (229) 435-6119

Order Number <b>888502</b>	Date Written 10/29/25	Taken By <b>MEH</b>	Schedule Date 11/11/25	Date Completed 11/11/25
Branch - Customer No. 1-18735	Home 229 343-5049	Work	Time Started 2:00 - 10:00 <b>(P.M.)</b>	Time Completed 5:45 - 7:00 <b>(P.M.)</b>
Name TIFFANY EWALD	Address 2700 LANGLAND COURT	City ALBANY, GA 31721	State	Zip
Service Address 2700 LANGLAND COURT ALBANY, GA 31721				

Work to be performed: DELIVER AND INSTALL RINNAI RX160iN WITH INSTALL KIT, RXOVC OUTDOOR VENT CAP, PCD PIPE COVER AND MC-601-W CONTROLLER. CALLED TIFFANY. 229-343-5049 CELL: <i>up ✓ Copy</i>	Work completed <i>Delivered and installed</i> RIKF <i>Rinnai</i> 11-SHS CALLED IN BY
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Qty:	Materials	Price	Amount	Qty:	Materials	Price	Amount
	RX160i			1	W-R RX160iN/P	7	1088.00
	TD.BA-073042				Rinnai Water Heater		
				1	W-R RIKF	7	98.00
					Install kit		
				1	W-R RXOVC	7	57.00
					Outdoor Vent Cap		
				1	W-R PCD11SHS	7	183.00
					Pipe Cover		
				1	W-R MC601-W	7	148.00
					Controller		

DR. RT.	Rt. Seq.	Rate	Deposit	Manometer Reading at Start 8	Less Check	Manometer Reading After 10 minutes 8	Flow Check Manometer Reading Under Load	Lock-up Check Manometer Reading	SHOP OR TRUCK SUPPLIES	16.50	
Tank Make	Size	Serial No.	Tank Percent	Central Heating		Water Heater	Range	Clothes Dryer	MATERIAL TOTAL	1584.50	
Single Stage	Regular Date	Reg. Condition	Mfr.	Model	Vent Pos.	Protected?			TRIP CHARGE		
TWO	1st								LABOR		
STAGE	2nd								SUB-LABOR	Rebate <200 ea>	
Fuel/BTU									PERMIT		
AGE									SHIPPING/FREIGHT		
Shut off Installed									Thank You	SALES TAX	126.76
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK									TOTAL	1511.26	

Work Completed by: <i>Curtis Royce</i>	Date: 11/11/25	Customer Signature: <i>Tiffany Ewald</i>	Date: 11-11-25
<input type="checkbox"/> ANY UNUSED GAS PIPING OUTLETS INDOORS? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> IF YES, IS EACH UNUSED GAS PIPING OUTLET FITTED WITH A GAS TIGHT THREADED PLUG OR CAP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> CUSTOMER SMELLED ODORIZED PROPANE AND SHOWN THE SHUTDOWN PROCEDURE <input type="checkbox"/> YES <input type="checkbox"/> NO	

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE IMPORTANT SAFETY INSTALLATION INFORMATION PRINTED ON BACK OF THE CUSTOMER COPY