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INVOICE / WORK ORDER NO. 108827

146 S. Ridge Ave.  
Tifton, GA 31794  
(229) 386-55742840 Hwy 82 W.  
Sylvester, GA 31791  
(229) 776-7336604-B N. Broadford Blvd.  
Vidalia, GA 30474  
(912) 537-87223117 Veterans Parkway S.  
Moultrie, GA 31768  
(229) 985-6942NAME DAVID Rice (House 2) RT# \_\_\_\_\_ RT. SEQ. \_\_\_\_\_ ACST # 7-18181 DATE 7-30-24 INT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

ADDRESS 1488 CV Masely APT/LOT NO. \_\_\_\_\_CITY Vidalia STATE GA ZIP CODE 30474

CO. \_\_\_\_\_ CITY \_\_\_\_\_

NEW CUSTOMER INFORMATION

S.S. NO. \_\_\_\_\_ DELV \_\_\_\_\_

HOME PH \_\_\_\_\_ RENT \_\_\_\_\_

WORK PH \_\_\_\_\_ CREDIT \_\_\_\_\_

LITE PILOT \_\_\_\_\_ PC \_\_\_\_\_

EMPLOYER \_\_\_\_\_

DR. \_\_\_\_\_ USE \_\_\_\_\_ LEASE \_\_\_\_\_

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED \_\_\_\_\_

email: \_\_\_\_\_

cell # 912 293 1488

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: \_\_\_\_\_

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Rinnai w/H	RL75EP	PG-CA-043154	999.95	999.95
1	Curack			24.95	24.95
1	3/4 straight line fitting			44.95	44.95

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
Hang w/H	MAKE: _____ MODEL: _____	PARTS/MAT. USED	999 95
	DATE CODE: _____ VENT: _____	TANK RENT	69 90

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		LEAK AND PRESSURE TEST				SALES TAX _____ %	LABOR
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>	HIGH:	1st Stage	2nd Stage	LOW			
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>	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.	MS	7.19
	AFTER 10 MINUTES: PRESSURE	PSI	PSI	AFTER 10 MINUTES: PRESSURE	W.C.		
	AS LEFT: PRESSURE	PSI	PSI	AS LEFT: PRESSURE	W.C.		
X _____		PIPING PRESSURE TEST				INV. TOTAL	
CUSTOMER SIGNATURE		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

DATE

CUSTOMER SIGNATURE

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