



congerlpgas.com

INVOICE / WORK ORDER NO.

114248

Robinson 146 S. Ridge Ave.
Tifton, GA 31794
(229) 386-5574

306 S. Main St.
Sylvester, GA 31791
(229) 776-7336

604-B N. Broadfoot Blvd.
Vidalia, GA 30474
(912) 537-8722

3117 Veterans Parkway S.
Moultrie, GA 31788
(229) 985-6942

NAME McKenzie Builders (Roger) RT# _____ RT. SEQ. _____ ACCT # 7-17361 DATE 12-6-24 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 51 N. Prong Rd. APT/LOT NO. _____

CITY Swainsboro STATE GA ZIP CODE 30401

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

Install WH

NEW CUSTOMER INFORMATION

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

email: _____

cell # 478 919 5175

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
	<u>Rinnai Water heater</u>	<u>RSC199ep</u>	<u>RF BA-083129</u>		<u>1299 95</u>

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE	
	MAKE:	MODEL:	PARTS/MAT. USED	<u>WH</u>	<u>1299 95</u>
	DATE CODE:	VENT:	TANK RENT		<u>14 95</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		LEAK AND PRESSURE TEST				SALES TAX	
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>		HIGH:	1st Stage	2nd Stage	LOW	_____ %	<u>105 20</u>
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. LABOR	<u>100 00</u>
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.	<u>200 00</u>
		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	<u>1520. 10</u>
		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 _____

X

CUSTOMER SIGNATURE _____

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