

- SALES
- SERVICE
- INSTALLATION



Ty / AJ

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

Order Number 880981	Date Written 4/14/25	Taken By MEH	Schedule Date 4/14/25	Date Completed 4/14/25
Branch - Customer No. 1-33601	Home 229 869-3006	Work	Time Started 2:41 P.M.	Time Completed 5:12 P.M.
Name GREENHILL CONSTRUCTION #2 Cell		Address CABIN 2019 HIDDEN COURT ALBANY, GA		
City		Zip 31707-1946		
Service Address 629 PEEL ROAD EDISON, GA 39846				

Work to be performed: DELIVER AND INSTALL RINNAI RL75eP WITH PCD03SM2 PIPE COVER. CALLED IN BY STACY. 869-3006	Work completed Installed Rinnai unit Set Fire place, Ran low Voltage wire for Rinnai Put 10psi online.
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Qty:	Materials	Price	Amount	Qty:	Materials	Price	Amount
30'	low voltage			1	W-R RL75eP	902.00	902.00
				1	W-R PCD03SM2	167.00	167.00
					Pipe Cover Enclosure		

DR. RT.	Rt. Seq.	Rate	Deposit
Tank Make	Size	Serial No.	Tank Percent
Single Stage	Regular Date	Reg. Condition	Mir.
			Model
			Vent Pos.
			Protected?
TWO 1st			
STAGE 2nd			

Less Check		Flow Check		Lock-up Check	
Manometer Reading at Start 10PSI	Manometer Reading After 10 minutes 10PSI	Manometer Reading Under Load	Manometer Reading	SHOP OR TRUCK SUPPLIES	14 50
Central Heating	Water Heater	Range	Clothes Dryer	MATERIAL TOTAL	1083 50
Manufacturer Rinnai				TRIP CHARGE	
Model No. RL75eP				LABOR	
Serial No. PC-CA043165				SUB-LABOR Rebate	<200.00>
Sed. Trap Vent				PERMIT	
Fuel/BTU 000 180 000		N/A	N/A	SHIPPING/FREIGHT	
AGE New					
Shut off Installed YES					

<input type="checkbox"/> CASH <input type="checkbox"/> CHECK	RECEIVED BY Ty / AJ	Date 4/14/25
Work Completed by: Ty / AJ	Date 4/14/25	Customer Signature _____
I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE IMPORTANT SAFETY INSTALLATION INFORMATION PRINTED ON BACK OF THE CUSTOMER COPY		

Thank You SALES TAX 86 68 TOTAL 970 18	ANY UNUSED GAS PIPING OUTLETS INDOORS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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	CUSTOMER AVAILABLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CUSTOMER SMELLED ODORIZED PROPANE AND SHOWN THE SHUTDOWN PROCEDURE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	