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

Order Number 892773	Date Written 3/3/26	Taken By: MEH	Schedule Date 3/20/26	Date Completed 3/20/26
Branch - Customer No. 1-62478	Home 229 407-0265	Work	Time Started 9:00 <small>(A.M. P.M.)</small>	Time Completed 12:00 <small>(A.M. P.M.)</small>
Name JAMISON #1 NOLAND	Address 137 PINE LAKES CIRCLE	City LEESBURG, GA	State 31763	Zip
Service Address 701 STATE HWY 195 LEESBURG, GA 31763				
Work to be performed: DELIVER AND INSTALL RINNAI RE160iP WITH RIKF INSTALL KIT, 184118 ROOF DISCHARGE, 189958 FLASHING, AND 11470 CAMCO DRAIN PAN. CALLED IN BY JAMISON. 229-407-0265 CELL:			Work completed <i>Delivered & Installed</i> <i>Rinnai & Vented</i>	

Qty:	Materials	Price	Amount	Qty:	Materials	Price	Amount
1	W-R 11470 CAMCO Drain Pan	7	39.00	1	W-R RE160IP Rinnai Water HTR	7	195.00
1	RE160IP			1	W-R RIKF Install kit	7	98.00
5	TL.UA-163546			1	W-R 184118 Roof Discharge	7	87.00
				1	W-R 189958 Flashing	7	72.00
				1	W-R 224052 19.5 Venting		55.-

DR. RT.	Rt. Seq.	Rate	Deposit	SHOP OR TRUCK SUPPLIES*		16.50
Tank Make	Size	Serial No.	Tank Percent	MATERIAL TOTAL		
Single Stage	Regular Date	Reg. Condition	Mfr.	Model	Vent Pos.	Protected?
TWO 1st						
STAGE 2nd						
Less Check		Flow Check		Lock-up Check		
Manometer Reading at Start	Manometer Reading After 10 minutes	Manometer Reading Under Load	Manometer Reading	MATERIAL TOTAL		
9	9			TRIP CHARGE		1162.50
Central Heating	Water Heater	Range	Clothes Dryer	LABOR		
	Rinnai			SUB-LABOR		
Manufacturer	Model No.	Serial No.		PERMIT Rebate		<200.00>
	RE160iP	TL.UA-163546		SHIPPING/FREIGHT		
Sed. Trap	Vent			Thank You		
I	I			SALES TAX		93.00
Fuel/BTU	000	160	000	TOTAL		1055.50
AGE	New			ANY UNUSED GAS PIPING OUTLETS INDOORS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Shut off Installed	Y			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"/> CASH	RECEIVED BY			CUSTOMER AVAILABLE		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CHECK	BY			CUSTOMER SMELLED ODORIZED PROPANE AND SHOWN THE SHUTDOWN PROCEDURE		<input type="checkbox"/> YES <input type="checkbox"/> NO
Work Completed by:	Royce, A J			Date		3/20/26
Customer Signature	<i>[Signature]</i>			Date		3/20/26
I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE IMPORTANT SAFETY INSTALLATION INFORMATION PRINTED ON BACK OF THE CUSTOMER COPY						