

Mech-South, Inc
HVAC Maintenance & Installation
 1820 Lee Road
 Lithia Springs, GA 30122

HVAC SERVICE ORDER INVOICE

Phone: 678-503-8800 Fax: 678-503-2100

3463

2000Z

BILL TO INTERNATIONAL COMM-CHARTER SCHOOL
2418 WOODTRAIL LANE
DECATUR, GA 30033
ATTN: FRAN CARROLL

MAILED 10-27-20

NAME		ENVIRONMENTAL CHECK LIST			WORK PERFORMED			
STREET	DATE 10/26/20	CONDENSING UNIT	QTY.	TYPE/DISPOSITION	CONDENSING UNIT	FURNACE/ELEC.HTR		
CITY	PROMISED	<input type="checkbox"/> RECOVERED			RPLCD UNIT	RPLCD UNIT		
PHONE (HOME)	SCHED. TIME	<input type="checkbox"/> RECYCLED			CHNGD COMPRESSOR	RPLCD GAS VALVE		
PHONE (WORK)	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> RECLAIMED			CHNGD MOTOR	RPLCD THERMOCOUPLE		
TECHNICIAN		<input type="checkbox"/> RETURNED			CHKD CHARGE	CLND BURNERS		
WORK TO BE PERFORMED		<input type="checkbox"/> DISPOSAL			ADD FREON	CHNGD MOTOR		
<u>INSTALL IONIZERS IN ALL RE-CIRCULATING HVAC SYSTEMS</u>		<input type="checkbox"/> DISMANTLED			CLND COILS	CLND BLOWER		
DESCRIPTION OF WORK PERFORMED		<input type="checkbox"/> CHANGED OUT/REPLACED		TOTAL \$	REPAIRED LEAK	RPLCD LIMIT		
<p>◦ <u>INSTALLED 42 GLOBAL PLASMA SOLUTIONS IONIZERS PER 9/21/20 QUOTE: \$22,980</u></p> <p>◦ <u>INSTALL 3 ADDITIONAL IONIZERS IN MODULAR CLASSROOMS THAT WERE MISSED DURING JOB SURVEY: \$1,640</u></p> <p><u>TOTAL: \$24,620</u></p>		EVAPORATOR COIL		CHNGD COMPRESSOR	OILED MOTOR	RPRD WIRING		
		RECOMMENDATIONS		RPLCD FUSE	LIT PILOT	RPLCD CONTACTOR	ADJUSTMENT	
		TOTAL LABOR		INSTALL DISCONNECT	RPLCD TRANSFORMER	RPLCD CAPACITOR	CO TEST	
		TOTAL MATERIALS		RPRD WIRING	NEW HEAT KIT	RPLCD RELAY	OILED MOTOR	
		TERMS		ADJUSTMENT	REFRIGERATION	ADJUSTMENT	REFRIGERATION	
		I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, Seller can remove said equipment/materials at Seller's expense and/or impose a 2% liquidation fee on the entire amount contained in the Seller/Buyer transaction. Any damage resulting from said removal shall not be the responsibility of Seller.		NEW FILTER /DRIER	RPLCD LIMIT DISK	ADJUSTMENT	REFRIGERATION	
		CUSTOMER SIGNATURE		DATE	LABOR	RATE	AMOUNT	
		METHOD OF PAYMENT		LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.		NEW FILTER /DRIER	RPRD WIRING	HARD-START KIT
		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVERS LIC. NO. _____ <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX EXP. DATE _____ CC NO. _____		<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY <input type="checkbox"/> SERVICE CONTRACT		EVAPORATOR COIL	CHNGD COMPRESSOR	
		TOTAL		\$24,620.00		RPLCD UNIT	RPLCD THERMOSTAT	

Thank You



INTERNATIONAL COMMUNITY SCHOOL

2418 Wood Trail Lane • Decatur, Georgia 30033 • Tel 404-499-8969 • Fax 404-499-8968 • www.icsgeorgia.org

PURCHASE ORDER FORM

PO# *2020-_____

Vendor: MECH - SOUTH INC
Address: _____

*Please indicate purchase order number on all shipments and correspondence.

Tel: _____
Fax: _____

Email: Tamesha.Squire@icsgeorgia.org

Person Requesting: FRAN CARROL

Bill to: International Community School
2418 Wood Trail Lane
Decatur, GA 30033

Dept/Grade
Level:
Comments: _____

ANY PURCHASES FROM PO'S WITHOUT PRINCIPAL'S SIGNATURE WILL NOT BE PAID BY INTERNATIONAL COMMUNITY SCHOOL, INC; BUT ARE AT THE REQUESTOR'S EXPENSE.

Table with 6 columns: Item Number, Description, Qty Ordered, Qty Received, Item Price, Total. Handwritten entries include '42 IONIZERS' and '3 ADDITIONAL IONIZERS'.

Page ___ of ___

Order Total 24,620.00

Coordinator's Signature (handwritten)

Date 11/2/2020

Principal/Assistant Principal

Date

Accountant Signature

Date

Please note: this form will NOT be processed without all three signatures. When fully signed, the form must be faxed by the person requesting the order.

Check Request Form

NOTICE: All check requests must follow ICS purchasing procedures. Approval must be obtained on all purchases. Failure to obtain approval may result in the purchaser having to incur the expenses. Signature of both coordinator and management are required before Accounting will process payment. Forms submitted with appropriate documentation will be paid out within 10 business days.

Date of Request:

11/2/2020

Person Requesting:

FRAN CARROL

Amount of Request:

\$ 24,620.00

Check Payable to:

MECH-SOUTH INC

Description:

Trainers

Signature of Person Requesting:

Signature of Management Approval
(Required under \$250):

[Signature]

Signature of Coordinator:

[Signature]

Account Number: _____

Account Name: CAPITAL BUDGET

Amount: \$24,620.00

Class Code: _____

Comments:

Trainers for classroom