

OCT 2 8 2024 SERVICE INVOICE

RAM Job No. S3545 Customer P.O. CJ Invoice Date 10/22/24

Joh Marroy Dy Dogo Courty Dy Min May								
Job Name: DuPage County Public Works				Bill to: DuPage County Public Works				
Address: 7900 IL-53				Address: 7900 IL-53, Woodridge, IL				
	Woodridge, IL							
Site Contact: CJ Phone:				Attn: CJ Phone:				
Called in b	λ: C1	Phone:		[]P.I	Μ. [∕] C	harge [] Warranty	[] Construction
Equip. Typ	e: Chiller	-		Equip. Type				
Equip. Type: Chiller Equip. Type: Make: Carrier Make:				Make:				
Model:						Model:		
S/N:		S/N:				S/N:		
Reason for call: PULL NEW POWER FOR COMPRESSOR								
System Condition on Arrival:								
Service Performed:								
Pulled new wire to compressor and disconnect. Started up and tested operation, After run time i found a faulty timer motor. Cj got the								
parts and I replaced, Chiller is now running properly.								
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P.O. No.	Material	s:Used (sanarate she	net may he at	achod: :::		Obsatitic	Unit Price	:::::Subtotal:::::
3043	Materials Used (separate sheet may be attached)					· (Respiritely.)	divid Lince	Sudioiai
3057	Connectros						-	
							-	·
								·
								\$ 1.938.00
	Environmental Checklist Refrigerant type:					R-		
	Refrigerant recovered:		Refrigerant		f:	lbs.		
	Refrigerant returned to sy		New Refrig	erant:		lbs.	,	
Date		chnician		∷ \$T∷	ОТ	DT.	Rate	
10/4/24	Mik	e Dobbs jr.		20			\$ 174.00	\$ 3,480.00
10/17/24			,				-	·
}								,
L. Calle	2						<u> </u>	
Job Complete ✓ Yes [] No Parts Ordered [] Yes [] No						Travel Expense:		
Comments / Additional Work:						Parking Expense:		
						Fuel Surcharge:		·
The undersigned, having authority to purchase services on behalf of the buyer, agrees that the described service was Please pay this.								
satisfactorily performed and further agrees to pay all charges for such work within 10 days of the invoice date at the							unt::	\$ 5,418.00
offices of RAM. Delinquent payments will be subject to 1.5% monthly interest plus any collection costs incurred.						Aitilo	ulli	
Print Name: CJ Signature: Date: 10/17/2024 FORM #R226 5.								FORM #R226 5/06
Time Same. Signature. Date. Portion #R226 5/06								