



Date: October 30, 1991
To: Pam Honeycutt, City Attorney
From: Mayor Hubert Brodell
Subject: Ordinance --Forum

Please prepare an ordinance for the City Council Meeting on November 4, 1991 to approve payment for materials and labor to change out the compressor, change filters and recharge the air conditioner unit at the Forum of Jonesboro in the amount of \$5,038.72.

Thank you.

HB/saw

A handwritten signature in black ink, appearing to be "HB", is written over the typed name "HB/saw". A long, thin line extends from the signature towards the right side of the page.

INVOICE

RGB MECHANICAL CONTRACTORS, INC.

P.O. Box 1927 • Highway 49 North
 JONESBORO, ARKANSAS 72403
 (501) 972-8360

INVOICE NUMBER	4053
CUSTOMER CODE	THEFOR

TO:
 THE FORUM

SHIP TO:

115 E MONROE
 JONESBORO, AR 72401

INVOICE DATE	08-15-91	TERMS	NET 30 DAYS
PROMISER DATE		SALES TAX	
ORDER NO.		SALESMAN	JOB 1202

QUANTITY	ITEM NUMBER / DESCRIPTION	UNIT PRICE	DISCOUNT	EXTENDED PRICE
1	MATERIAL & LABOR TO CHANGE OUT COMPRESSOR. SEE JOB INVOICES ATTACHED. ----- INVOICE SUMMARY			5,038.72
Sub Total...				5,038.72
Amt. Paid...				0.00
Total Due...				5,038.72

RGB MECHANICAL CONTRACTORS, INC.

004857

P.O. BOX 1927
 JONESBORO, AR 72403
 (501) 972-8360

Forum *1202*

DATE *7/23/91*

DATE ORDERED *1/1*

DATE SCHEDULED *1/1*

PHONE

- WARRANTY
- CONTRACT
- SERVICE CONTRACT
- NORMAL
- RES. COMM.

NAME _____

STREET _____

CITY *Jonesboro* STATE *AR* ZIP _____

MAKE _____ MODEL _____ SERIAL NUMBER _____

DESCRIPTION OF WORK *Change Compressor, Change Filter, Recharge unit*

SERVICE _____

LABOR CHARGES _____ HRS. @ _____ /HR. = _____

TECHNICIAN SIGNATURE _____ TOTAL OTHER CHARGES _____

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE _____

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY.

SUB-TOTAL *200.00*

TRIP CHARGE _____

TAX _____

TOTAL AMOUNT DUE *200.00*

DATE *1/1*

CHECK LIST	QUANTITY	ITEM OR PART DESCRIPTION	
<input type="checkbox"/> COMPRESSOR			
<input type="checkbox"/> SUCTION			
<input type="checkbox"/> HEAD			
<input type="checkbox"/> VOLTS			
<input type="checkbox"/> ELECTRICAL CONNECTIONS			
<input type="checkbox"/> CONTACTS TIGHT & CLEAN			
<input type="checkbox"/> OIL LEVEL & CONDITION			
<input type="checkbox"/> CONDENSER COIL			
<input type="checkbox"/> CLEAN OIL & CHECK FIN COND.			
<input type="checkbox"/> ENT _____ °F LVG _____ °F			
<input type="checkbox"/> REFRIGERANT			
<input type="checkbox"/> LEAK <input type="checkbox"/> CHARGE			
<input type="checkbox"/> FAN AND MOTOR			
<input type="checkbox"/> VOLTS _____ AMPS _____			
<input type="checkbox"/> ELECTRICAL CONNECTIONS			
<input type="checkbox"/> CONTACTS TIGHT & CLEAN			
<input type="checkbox"/> FAN PULLEYS (ADJUST BELT)			
<input type="checkbox"/> CHECK LUB BEARINGS & MOTOR			
<input type="checkbox"/> EVAPORATOR COIL			
<input type="checkbox"/> CLEAN COIL & CHECK PIN			
<input type="checkbox"/> ENT DS _____ °F LVG DS _____ °F			
<input type="checkbox"/> ENT WS _____ °F LVG WS _____ °F			
<input type="checkbox"/> CONDENSATE AREAS			
<input type="checkbox"/> INSPECT & CLEAN DRAIN PAN			
<input type="checkbox"/> INSPECT & CLEAN DRAIN			
<input type="checkbox"/> AIR FILTERS			
<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED			
<input type="checkbox"/> HEATING ASSY			
<input type="checkbox"/> BURNER & HEAT EXCHANGER			
<input type="checkbox"/> FUEL SUPPLY & PRESSURE			
<input type="checkbox"/> PILOT ASSEMBLY			
<input type="checkbox"/> FLAME ADJUSTMENT			
<input type="checkbox"/> PRIMARY RELAY & FLUE			
<input type="checkbox"/> FAN & LIMIT SWITCH OPER.			
<input type="checkbox"/> BLOWER ASSEMBLY			
<input type="checkbox"/> RV VALVE			
<input type="checkbox"/> STRIP HEAT			
<input type="checkbox"/> DEFOST CYCLE			
<input type="checkbox"/> ELECTRICAL COMPT.			
<input type="checkbox"/> RELAYS <input type="checkbox"/> CONTACTORS			
<input type="checkbox"/> OVERLOAD <input type="checkbox"/> PRESS. SWITCH			
<input type="checkbox"/> THERMOSTAT			
<input type="checkbox"/> OK <input type="checkbox"/> REPLACE			
<input type="checkbox"/> RELOCATE			
TOTAL PARTS			
ADDITIONAL PARTS (OTHER SIDE)			
OR			
SUBT <i>Edna</i>			
OTHER <i>@ 25.00</i>			<i>200.00</i>
TOTAL OTHER CHARGE			

TRAVEL TIME

TIME ARRIVED _____

TIME DEPARTED _____

TRAVEL TIME _____

MILEAGE _____

DING _____

T _____

ES _____

/HR. = _____

/MI. = _____

LOCATION _____

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS:

PARTS WARRANTY
 All parts as recorded are warranted as per manufacturer specifications.
LABOR GUARANTY
 The labor charge as recorded here relative to the equipment serviced as noted, is guaranteed for a period of 30 days.
 We do not, of course, guaranty other parts than those we install. If repairs later become necessary due to other defective parts, they will be charged separately.

X

RGB MECHANICAL CONTRACTORS, INC.

004794

P.O. BOX 1927
 JONESBORO, AR 72403
 (501) 972-8360

CHECK LIST	QUANTITY	ITEM OR PART DESCRIPTION		
<input type="checkbox"/> COMPRESSOR	1	CRHM250W-4RT		3277.00
<input type="checkbox"/> SUCTION				
<input type="checkbox"/> HEAD				
<input type="checkbox"/> VOLTS				
<input type="checkbox"/> ELECTRICAL CONNECTIONS	50	LBS R-22	165	82.50
<input type="checkbox"/> CONTACTS TIGHT & CLEAN				
<input type="checkbox"/> OIL LEVEL & CONDITION				
<input type="checkbox"/> CONDENSER COIL	4	Filter Coils Dryer	17.00	70.00
<input type="checkbox"/> CLEAN COIL & CHECK FIN COND.				
<input type="checkbox"/> ENT _____ °F LVG _____ °F	1	1 1/2" MOISTURE IND.	13.85	13.85
<input type="checkbox"/> REFRIGERANT				
<input type="checkbox"/> LEAK _____ <input type="checkbox"/> CHARGE				
<input type="checkbox"/> FAN AND MOTOR		Crane Rental		150.00
<input type="checkbox"/> VOLTS _____ AMPS				
<input type="checkbox"/> ELECTRICAL CONNECTIONS				
<input type="checkbox"/> CONTACTS TIGHT & CLEAN				
<input type="checkbox"/> FAN PULLEYS (ADJUST BELT)				
<input type="checkbox"/> CHECK LUB BEARINGS & MOTOR				
<input type="checkbox"/> EVAPORATOR COIL				3594.63
<input type="checkbox"/> CLEAN COIL & CHECK FIN				
<input type="checkbox"/> ENT DR _____ °F LVG DR _____ °F		1070		3594.63
<input type="checkbox"/> ENT WB _____ °F LVG WB _____ °F				
<input type="checkbox"/> CONDENSATE AREAS				3954.09
<input type="checkbox"/> INSPECT & CLEAN DRAIN PAN		1070		3954.09
<input type="checkbox"/> INSPECT & CLEAN DRAIN				
<input type="checkbox"/> AIR FILTERS				4349.50
<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED				
<input type="checkbox"/> HEATING ASSY				279.22
<input type="checkbox"/> BURNER & HEAT EXCHANGER				
<input type="checkbox"/> FUEL SUPPLY & PRESSURE				
<input type="checkbox"/> PILOT ASSEMBLY				
<input type="checkbox"/> FLAME ADJUSTMENT				
<input type="checkbox"/> PRIMARY RELAY & FLUE				
<input type="checkbox"/> FAN & LIMIT SWITCH OPER.				
<input type="checkbox"/> BLOWER ASSEMBLY				
<input type="checkbox"/> RV VALVE				
<input type="checkbox"/> STRIP HEAT				
<input type="checkbox"/> DEFOST CYCLE				
<input type="checkbox"/> ELECTRICAL COMPTS.		TOTAL PARTS		4588.72
<input type="checkbox"/> RELAYS _____ <input type="checkbox"/> CONTACTORS _____				
<input type="checkbox"/> OVERLOAD <input type="checkbox"/> PRESS. SWITCH		ADDITIONAL PARTS (OTHER SIDE)		
<input type="checkbox"/> THERMOSTAT		OR		
<input type="checkbox"/> O.K. <input type="checkbox"/> REPLACE		SUBLET		
<input type="checkbox"/> RELOCATE		OTHER		
<input type="checkbox"/> TRAVEL TIME		TOTAL OTHER CHARGES		
TIME ARRIVED _____				
TIME DEPARTED _____				
TRAVEL TIME _____				
MILEAGE _____				
LOADING _____				
UNLOADING _____				
LOCATION NO. _____				
WORK _____				
/HR. = _____				
/MI. = _____				

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS:

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NAME Forum CITY Jonesboro STATE _____ ZIP _____

STREET _____ MAKE TRANE MODEL _____ SERIAL NUMBER _____

DATE 7/23/91 DATE ORDERED 1/1

DATE SCHEDULED 1/1 PHONE _____

WARRANTY CONTRACT SERVICE CONTRACT NORMAL RES. COMM.

DESCRIPTION OF WORK: Remove & Replace Compressor filter dryer Evacuate system & recharge

LABOR CHARGES 10 HRS. @ 25.00 /HR. = 250.00

TECHNICIAN SIGNATURE Bob Puckett TOTAL OTHER CHARGES _____

TERMS: DUE UPON COMPLETION

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AUTHORIZED SIGNATURE _____

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TOTAL AMOUNT DUE 4838.72

DATE 1/1