

# THOMPSON GAS

cell 417-322-4631

SERVICE WORK ORDER / INVOICE  
UN1075 PROPANE 2.1 NONCORROSIVE

**W-558668**

Customer Name Linda Laber Account No. 4031728 Date/Time Call Received \_\_\_\_\_ am pm

Address 24480 PO Rd 255 Phone (Home) 417-822-7007 (Work) \_\_\_\_\_ Email \_\_\_\_\_

City Pittsburg State MO Zip 65724 Person Placing Order \_\_\_\_\_ Date/Time Promised \_\_\_\_\_

JOB LOCATION Site check 9/24/24

SERVICE REQUESTED Site check

SERVICE PERFORMED START 11:10 AM PM STOP \_\_\_\_\_ AM PM DATE 6-28-24

Tank set \$250.00  
120 gal tank  
96<sup>00</sup> year lease

CREDIT APPL. SIGNED	YES <input type="checkbox"/> NO <input type="checkbox"/>	LEASE AGREEMENT SIGNED	YES <input type="checkbox"/> NO <input type="checkbox"/>	DEPOSIT PAID	YES <input type="checkbox"/> NO <input type="checkbox"/>	CREDIT POLICY EXPLAINED	YES <input type="checkbox"/> NO <input type="checkbox"/>
CALLED FOR INSPECTION	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITY COUNTY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATE PERMIT #	_____		
INSPECTION SIGNED	YES <input type="checkbox"/> NO <input type="checkbox"/>						

QTY / TAG #	PART NUMBER AND DESCRIPTION	PRICE	AMOUNT

PIPING PRESSURE TEST	START PRESSURE	END PRESSURE	START TIME	END TIME
1st STAGE PIPING				
2nd STAGE PIPING				
SYSTEM LEAK TEST	START PRESSURE	END PRESSURE	START TIME	END TIME

LEAK TEST EQUIP. USED HIGH PRESSURE TEST BLOCK  LOW PRESSURE MANOMETER/GAUGE

LABOR INFO	HOURS	DATE	SERVICE PERSON	RATE	AMOUNT

TANK INFO	MANUFACTURER	SIZE	SERIAL NUMBER	ODORANT CONFIRMED	STATE COUNTY NUMBER	GAS IN TANK
<input type="checkbox"/> TANK PICKED UP				<input type="checkbox"/> YES		
<input type="checkbox"/> TANK INSTALLED				<input type="checkbox"/> YES		
				<input type="checkbox"/> YES		
				<input type="checkbox"/> YES		

METER INFO	MANUFACTURER	MAX. W.P.	SIZE	MODEL	SERIAL NUMBER	READING

REGULATOR INFO / OPERATION	TYPE	MANUFACTURER	MODEL	DATE CODE	FLOW PRESSURE	LOCK-UP PRESSURE
1st STAGE						
2nd STAGE						
INTEGRAL						

WARNING TAG	No. _____	No. _____	No. _____
TAG PLACEMENT			

GAS SYSTEM INSPECTION PERFORMED? YES  NO

TRIP CHARGE		
SHOP SUPPLIES		
<b>THIS IS YOUR INVOICE. PAYMENT IS DUE UPON RECEIPT. PAST DUE ACCOUNTS ARE SUBJECT TO A LATE CHARGE.</b>		
		SUBTOTAL
		SALES TAX
		LABOR
		<b>TOTAL</b>

COMPANY REPRESENTATIVE \_\_\_\_\_  
This document and all products and services provided by the Company are governed by and incorporate by reference the Company's General Terms and Conditions, which are posted and are available for review on the Company's website, www.thompsongas.com, and are also available to you by mail upon request. By signing below I/we, the undersigned customer, shall be deemed for all purposes to have accepted and agreed to the Company's General Terms and Conditions.  
X Linda F. Laber  
Received Products as Shown Customer's Signature

METHOD OF PAYMENT  CASH  CHECK  CHARGE

**IMPORTANT SAFETY INFORMATION ON BACK**

Thank You For Your Business!  
RECEIVED ON ACCOUNT