

## Home Energy Assistance Program Cooling Assistance Services Invoice

Name of Customer			
Street Address			
City	State	Zip Code	Phone
Customer Account Number		Case Number	

<b>VENDOR USE SECTION ONLY</b>		
Please complete all items listed and confirm with a check mark. Comment as needed.		
<b>SERVICES PROVIDED</b>	✓	<b>COMMENTS</b>
Electrical system and load capacity circuit suitable		
Air conditioner and installation provided		
A portable air conditioner (window air conditioner is not feasible)		
A portable fan installed		air conditioner is not feasible
Owner's manual provided		
Product registration/warranty information provided		
Instructed on proper operation		
Model # or Serial # of unit installed:		

<b>Customer Section</b>
<p>I certify that the services checked above were completed. _____</p> <p style="text-align: center; margin-left: 300px;">Signature of Customer</p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: right; margin-right: 100px;">Date</p>

<b>Vendor Use Section Only</b>
<p>Name: _____ Telephone: _____</p> <p><input type="checkbox"/> <b>Work completed.</b></p> <p><input type="checkbox"/> <b>Work could not be completed. Please list reason cooling assistance services could not be provided.</b></p> <p style="margin-top: 20px;">_____</p> <p style="text-align: center; margin-left: 100px;">Signature of Technician</p> <p style="text-align: center; margin-left: 300px;">_____</p> <p style="text-align: center; margin-left: 300px;">Print Name of Technician</p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: right; margin-right: 100px;">Date</p> <p><b>TOTAL AMOUNT: \$</b> _____</p>

<b>SSD Agency Use Section:</b>
<p>Application Date: _____ Date Approved: _____ Invoice Date Received: _____</p>

Please submit completed form to the local social services district.