

Home Energy Assistance Program Cooling Assistance Services Invoice

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

VENDOR USE SECTION ONLY

Please complete all items listed and confirm with a check mark. Comment as needed.

SERVICES PROVIDED	✓	COMMENTS
Electrical system and load capacity circuit suitable	<input type="checkbox"/>	
Air conditioner and installation provided	<input type="checkbox"/>	
A portable air conditioner	<input type="checkbox"/>	window air conditioner is not feasible
A portable fan installed	<input type="checkbox"/>	air conditioner is not feasible
Owner's manual provided	<input type="checkbox"/>	
Product registration/warranty information provided	<input type="checkbox"/>	
Instructed on proper operation	<input type="checkbox"/>	
Model # or Serial # of unit installed:		

CUSTOMER SECTION

I certify that the services checked above were complete.

Customer Signature: _____

Date: _____

VENDOR USE SECTION ONLY

Name: _____

Telephone: _____

 Work Completed. Date: _____ Work could not be completed. Please list reason cooling assistance services could not be provided.

Signature of Technician: _____ Print Name of Technician: _____ Date: _____

TOTAL AMOUNT: \$ _____

AGENCY USE SECTION:

Application Date: _____ Date Approved: _____ Invoice Date Received: _____

Collateral Contact with Client. Date: _____

**VENDORS MUST SUBMIT THE COOLING ASSISTANCE SERVICES INVOICE TO THE LOCAL SOCIAL SERVICES DISTRICT
AUTHORIZING THE COOLING ASSISTANCE SERVICE WITHIN 30 DAYS OF JOB COMPLETION IN ORDER TO RECEIVE
PAYMENT.**