

Home Energy Assistance Program Cooling Assistance Services Invoice

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

VENDOR USE SECTION

Vendor Name: _____ Telephone: _____

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

SERVICES PROVIDED	✓	COMMENTS
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	✓	

INVOICE

Model # or Serial # of unit installed:	Labor	\$	
	Parts	\$	
BTUs of unit installed:	Other	\$	
Square Footage of cooling room:	Total	\$	

Work Completed. Date: _____
 Work could not be completed. Reason: _____
 Registration/Warranty completed and mailed.
 Technician Signature: _____ Print Name of Technician: _____ Date: _____

CUSTOMER SECTION

I certify that the services checked above were complete.

Customer Signature: _____ Date: _____

AGENCY USE SECTION:

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

Collateral Contact with Client. Date: _____

In order to receive payment, 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.