

Check Request

Date:

Requestor:

Board Member

Property Manager

Other: _____

Reason for Check:

Vendor Initial Deposit (invoice must be attached)

Date to be Picked Up _____ (if not being picked up, must go thru SR)

Vendor Payment # _____ (invoice must be attached)

Date to be Picked Up _____ (if not being picked up, must go thru SR)

Vendor Final Payment (invoice must be attached)

Date to be Picked Up _____ (if not being picked up, must go thru SR)

Vendor Invoice # _____ (invoice must be attached, do NOT submit thru SR)

Date to be Picked Up _____ (if not being picked up, must go thru SR)

Homeowner Refund (If H.O. refund, send form to faith@gnoproperty.com)

Construction

Pool

Boathouse

Other: _____

Reimbursement Request (requires attachment of receipts)

Reason: _____

Other: _____

Check Total:

Code to G/L:

Make Check Payable To:

Association: _____

Vendor: _____

Homeowner: _____

Mail To:

Any check not being picked up within 48 hours must be processed through Strongroom.

Approved By:

SOUTHLAND

Air Conditioning & Heating, Inc.

301 23rd STREET • KENNER, LA 70062
TELEPHONE 504-469-3132

1029 Esplanade Ave
New Orleans, LA

JOB INVOICE

№ 106549

JOB COMPLETE		JOB INCOMPLETE	
CUSTOMER'S ORDER NUMBER		DATE 6-6-23	
<input checked="" type="checkbox"/> CASH	<input type="checkbox"/> CHARGE	<input type="checkbox"/> WARRANTY	
JOB NAME/NUMBER			
JOB LOCATION			
EQUIPMENT			
TERMS: NET 30 DAYS			

DESCRIPTION OF WORK

Removal of three a/c condensers from roof top

RECOMMENDED SERVICE				NAME	FOR OFFICE USE	PRICE BILLED
				MECHANIC		Dedrick
				HELPER		
				TOTAL LABOR		
				OTHER EXPENSE		
				MATERIAL		
				TOTAL		
				DIAG./SERVICE CHARGE		
				TOTAL CHARGES	150 ⁰⁰	Cash Payment
QTY	MATERIAL	UNIT PRICE	TOTAL	<p>I HEREBY AUTHORIZE REPAIR WORK TO BE DONE AS DESCRIBED ABOVE WITH NECESSARY PARTS TO BE LISTED AT YOUR PREVAILING PRICES.</p> <p>I AGREE TO PAY CASH ON COMPLETION OF WORK ON EQUIPMENT OR SATISFACTORY TERMS TO YOU AND UNTIL PAID IN FULL IT SHALL CONSTITUTE A LIEN ON THIS EQUIPMENT.</p> <p>SHOULD THIS ACCOUNT BE COLLECTED THROUGH AN ATTORNEY, I AGREE TO PAY ATTORNEY'S FEES OF \$30.00 OR 33%, WHICHEVER IS LARGER.</p>		
	Truck Removal (A/C)	150 ⁰⁰				
TOTAL MATERIALS				<p>BY: <i>[Signature]</i></p> <p>CUSTOMER'S SIGNATURE</p>		

ESA INFORMATION Member: ☐ YES ☐ NO