

BONITO RIVER SERVICES, INC

HC 67 BOX 33
 NOGAL NM 88341
 (575)630-1915 FAX#(575)630-0126
 AUTHORIZED TRANE DEALER

Invoice

Date	Invoice #
6/25/2013	10113

Bill To
COUNTY OF LINCOLN PO BOX 711 CARRIZOZO, NM 88301-0711

		Due Date	8/24/2013
	Tech	P.O. or W.O. #	Terms
	JIMMY	WO#9608	NET 60 DAYS

Item	Description	Quantity	Rate	Amount
SERVICE CALL	SERVICE LOCATION: CORONA SENIOR CENTER	2	58.00	116.00T
	SWAMP COOLER PROBLEMS: HAD TO REPLACE BELT AND MOTOR ON COOLER.			
PARTS	SWAMP COOLER MOTOR	1	116.00	116.00
PARTS	BELT	1	16.00	16.00

see attached for approval signature

WE ARE NOW OFFERING AIR DUCT CLEANING SERVICES FOR RUIDOSO AND SURROUNDING AREAS.	Sales Tax (5.6875%)	\$6.60
BONITO RIVER SERVICES IS NOW OFFERING FINANCING THROUGH WELLS FARGO BANK FOR 6, 12 OR 18 MONTHS AT NO INTEREST. THERE IS A ONE TIME PROCESSING FEE WHICH WILL BE ADDED TO YOUR TOTAL UPON APPROVAL. ANY AMOUNT OVER \$500.00 FOR SERVICE OR INSTALLATION MAY BE FINANCED.	Payments/Credits	\$0.00
	Balance Due	\$254.60

BONITO RIVER SERVICES INC.

Art & Nate Dunn, Owners
 HC 67 BOX 33, Nogal, NM 88341

HVAC SERVICE ORDER INVOICE

10113

Shop: 122 Carrizo Canyon Rd., Ruidoso, NM
 575-630-1915 • FAX 575-630-0126

BILL TO

Lincoln County

Type Of Equipment _____

Ambient _____ Eff Rate _____

Indoor _____

Make _____

Model _____

Serial _____

Filter Size _____

Changed _____ Cleaned _____

TSTAT _____

Return Duct _____

Supply Duct _____

Heat

Fuel _____ Co Test _____

Combustion Air _____ Gas Pressure _____

Rated Heat Rise _____

Ignition Type _____

Indoor Blower Speed/Amps _____

General Condition _____

A/C Refrigeration _____

Pressures: Low _____ High _____

Ref Type _____

Temp Drop Across Coil _____

NAME <i>Cirana Senior Center</i>			ENVIRONMENTAL CHECK LIST		
STREET		DATE <i>6-25-13</i>	CONDENSING UNIT	QTY.	TYPE / DISPOSITION
CITY		PROMISED	<input type="checkbox"/> RECOVERED		
PHONE (HOME)	PHONE (WORK)	SCHED TIME	<input type="checkbox"/> RECYCLED		
		<input type="checkbox"/> A M <input type="checkbox"/> P M	<input type="checkbox"/> RECLAIMED		
TECHNICIAN <i>Timmy</i>			<input type="checkbox"/> RETURNED		
WORK TO BE PERFORMED <i>Swamp Cooker</i>			<input type="checkbox"/> DISPOSAL		
			<input type="checkbox"/> DISMANTLED		TOTAL \$
			<input type="checkbox"/> CHANGED OUT/REPLACED		

DESCRIPTION OF WORK PERFORMED

Replaced Belt & Motor on Swamper

QTY	MATERIALS & SERVICES	UNIT PRICE	AMOUNT	HRS	LABOR	RATE	AMOUNT
	REFRIGERANT R. LBS.			<i>1.5</i>			
	FILTERS X X						
<i>1</i>	<i>motor</i>		<i>116.00</i>				
<i>1</i>	<i>Belt</i>		<i>16.00</i>				
TOTAL MATERIALS							

I, or We certify that the articles described herein were received and meet specifications. *254.60*

APPROVED FOR PAYMENT *277.99*

AMOUNT *401.09*

ACCOUNT NO. *530-401 09 2108*

Lance Monte *6/25/13*

DEPT HEAD SIGNATURE DATE

PAID ON _____ CHECK# _____

PO # _____ CLOSE Y N

TERMS

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, Seller can remove said equipment/materials at Seller's expense and/or impose a 2% liquidation fee on the entire amount contained in the Seller/Buyer transaction. Any damage resulting from said removal shall not be the responsibility of Seller.

Cindy Whitlock DATE _____

CUSTOMER SIGNATURE

METHOD OF PAYMENT

CASH CHECK DRIVERS LIC NO _____

CREDIT CARD MC VISA AMEX EXP DATE _____

CC NO _____

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company

TOTAL SUMMARY	
TOTAL MATERIALS	<i>132.00</i>
TOTAL LABOR	<i>127.50</i>
TRAVEL CHARGE	
TAX	
TOTAL	

REGULAR WARRANTY

SERVICE CONTRACT

Thank You

EMERGENCY PURCHASE

An emergency condition is a situation which creates a threat to public health, welfare or safety - creating an immediate and serious need for services, construction or urgent purchases without which would threaten the function of government preservation or protection of property, or the health or safety of any person.

DATE: 6/25/13

The attached Invoice Number _____ purchased on 6/25/13

Invoice Date
from Benita River at _____ am/pm is being submitted for payment

Vendor Name Time

from line item: 401 09 2108
Budget Line No.

The following reasons substantiate this purchase made without pre-authorization at a time other than regular business hours of the Financial Office.

Senior Center a/c went out. Concerned for their health.

Lease Montes
Signed:
program director
Title:

Emergency conditions must be determined by the County Manager with the consensus of three Commissioners.

- Above emergency purchase allowed.
- Above emergency purchase must go before Commission.
- Additional information is needed before approval is allowed.
- Appears to be an ongoing situation.

COMMENTS:

Signed: ~~Dulando Serrano~~ John Lopez
Titled: ~~P.A. County Manager~~