LDSS- 5044 (Rev. 3/23) Case Number: _____

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.