

**TRANE**

Trane U.S. Inc.
2313 S 20th Street
La Crosse, WI 54601
United States

Page 1 of 1

Invoice

For questions please contact:

Charlotte TCS SO, NC
Tel: 704-525-9600
Fax:

Remit Payment To

Trane U.S. Inc.
P. O. Box 406469
ATLANTA, GA 30384-6469

RECEIVED

JUN 11 2024

FINANCE

Invoice Number **(314472872)**
Invoice Date **(12-APR-2024)**
Customer No. **163124**
Reference No. **F172353**
Internal Account **3172961**
Payment Terms **.5%10 NET30**
Payment Due Date **12-May-2024**
Discount Date **22-Apr-2024**

Bill To

LINCOLN COUNTY MAINTENANCE
435 SALEM CHURCH ROAD
LINCOLNTON, NC 28092
UNITED STATES

This instrument has been pre-audited in the
manner required by the Local Government
Bills of Lading Act

JUN 18 2024

Own

Customer Tax ID	
Inco Terms	
Supply Location	Charlotte TCS SO, NC
Shipping Method	
Tracking No.	
Freight Terms	
Bill of Lading	

Sold To

LINCOLN COUNTY MAINTENANCE
435 SALEM CHURCH ROAD
LINCOLNTON, NC 28092
UNITED STATES

Ship To

200 GAMBLE DRIVE
LINCOLNTON, NC 28092

<https://www.tranetechnologies.com/customer>

CERTifyTax - for submittal of tax exemption certificates.

iReceivables - access invoice copies, account balances & make payments.

1063663740

Tax/GST ID: 25-0900465	State Tax: 3,682.67 4.7500%	County Tax: 1,744.42 2.2500%	City Tax: 0.00 0.0000%	District Tax: 0.00 0.0000%
PST/GST ID:	NC	LINCOLN	LINCOLNTON	

Currency	Subtotal	Special Charges	Tax	Freight	Total
USD	77529.80	0.00	5427.09	0.00	82956.89

Special Instructions		Lincoln Co Health Dept Chiller Bernardo Zuniga Project Manager 704-223-0882 bernardo@lincolncountync.gov 704-558-4636 shj	Shelby Johnson Project Administrator
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Contract No.	Contract Date	Purchase Order
CID00106413	23-AUG-202	00230324

Application No. **04**

Inv# 314472872 \$ 82,956.89
Trane US Inc
04/12/2024 # Pages 1
PO# 230324

FP1 DOC162S1605

12-APR-2024

- ORIGINAL CONTRACT SUM: \$387,649.00
- NET CHANGE BY CHANGE ORDERS: \$0.00
- CONTRACT SUM TO DATE: \$387,649.00
- TOTAL COMPLETED & STORED TO DATE: \$271,354.30
- RETAINAGE:
 - Percentage Completed: 70.00%

6-10-24

1258	PO #	Proj #
55-4210-51-00-57401	00230324	\$62,956.89
Acct #:	-42101	\$
Acct #:		\$
Manager:	Dept	

Section 1000 Summary Sheet and Detail
Sheet(s)

- Total Retainage: \$0.00
- TOTAL EARNED LESS RETAINAGE: \$271,354.30
- LESS PREVIOUS REQUESTS FOR PAYMENT: \$193,824.50

- CURRENT PROJECT PAYMENT DUE: \$77,529.80
(Before Applicable Sales Taxes)
- Applicable Sales Taxes: \$5,427.09

- Amount Due This Requisition: (\$82,956.89)
Currency: USD

PLEASE REFERENCE NUMBER 314472872 WITH YOUR PAYMENT

77,529.80
55 11-0000-00-00-14000
11-0000-00-00-14101 1,744.42



000015

TRANE



APPLICATION AND CERTIFICATION FOR PAYMENT (SUMMARY SHEET)

1053663740

Invoice: 314472872

To: LINCOLN COUNTY MAINTENANCE CONTRACT NAME: LINCOLN CO HEALTH DEPT CHILLER APPLICATION NO: 04 APPLICATION DATE: 12-APR-2024 PERIOD TO: 12-APR-2024 CUST PO NO: 00230324

From: Trane 4501 SOUTH TRYON STREET CHARLOTTE, NC 28217 CONTRACT 200 GAMBLE DRIVE LOCATION: LINCOLN, NC 28092 CONTRACT DATE: 23-AUG-2022 CONTRACT NO: CID00106413

APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.

The undersigned Company Certifies that to the best of the Company's knowledge, information and belief, the work covered by this Application For Payment has been completed in accordance with the Contract Documents, and that current payment shown herein is now due

1 ORIGINAL CONTRACT SUM: \$387,649.00 COMPANY: Trane

2 NET CHANGE BY CHANGE ORDERS: \$0.00 BY: Date:

3 CONTRACT SUM TO DATE (Line 1 +/- 2) \$387,649.00

4 TOTAL COMPLETED & STORED TO DATE: \$271,354.30 State of: County of:

5 RETAINAGE: a. 0.00% of Completed Work: \$0.00 b. 0.00% of Stored Material: \$0.00

Total Retainage: \$0.00

(Line 5a+5b or Total in Column I of Detail Sheet)

6 TOTAL EARNED LESS RETAINAGE: \$271,354.30

(Line 4 less Line 5 Total)

LESS PREVIOUS CERTIFICATES FOR PAYMENT: \$193,824.50

(Line 6 from prior Certificate)

8 CURRENT PAYMENT DUE: \$77,529.80

(Before Applicable Sales Taxes)

9 BALANCE TO FINISH, INCLUDING RETAINAGE: \$116,294.70

(Line 3 less line 6)

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the undersigned company Certifies that to the best of their knowledge, information and belief, the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the company indicated above is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$77,529.80

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Detail Sheet that are changed to conform to the amount certified.)

CERTIFIER: BY: Date: ACCEPTANCE: BY: Date:

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the company named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the party under this Contract.

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months	\$0.00	\$0.00
Total approved this Month	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00
NET CHANGE BY CHANGE ORDERS:	\$0.00	

TRANE TECHNOLOGIES



Bill To
Lincoln County Building Maint
435 Salem Church Road
Lincolnton, NC 28092

4210

Ship To
Lincoln County Building Maint
435 Salem Church Road
Lincolnton, NC 28092

Vendor
Trane US Inc
PO Box 406469
Atlanta, GA 30384-6469

Purchase Order

Fiscal Year 2023

Page 1 of 1

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKAGES AND SHIPPING PAPERS.

Purchase Order Number **00230324**

Purchase Order Date **08/23/2022**

Department **Facilities Maintenance**

Delivery must be made within doors of specified
destination.

VENDOR PHONE NUMBER	VENDOR FAX NUMBER	VENDOR NUMBER	REQUISITION NUMBER	BUYER NAME	DELIVERY REFERENCE
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1250

367

John Henry

NOTES

ITEM #	DESCRIPTION	QUANTITY	UOM	UNIT PRICE	EXTENDED PRICE
1	Replacement of Chillers at Health Dept. GL #: 55-4210-51-00-57401-42101	1.0000	EACH	\$387,649.0000	\$387,649.00

GL SUMMARY

55-4210-51-00-57401-42101

\$387,649.00

1. Shipments may be refused if the Purchase Order No. is not shown on Shipper or Bill of Lading. 2. Not exempt from State/Local and Federal Tax. 3. Substitutions will not be accepted without prior approval. 4. Partial shipments will be accepted if invoiced separately. 5. C.O.D. or collect shipment will not be accepted. 6. Receiving hours are 0900 to 1600 Monday - Friday. This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act. This document is governed by the provisions of NCGS, Chapter 25 Uniform Commercial Code Article 2, Sales.

Finance Director

Purchasing Agent

Total Ext. Price **\$387,649.00**

Purchase Order Total **\$387,649.00**