

**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 30384-6469Invoice Number **314630035**Invoice Date **21-JUN-2024**Customer No. **163124**Reference No. **F172353**Internal Account **3172961**Payment Terms **.5%10 NET30**Payment Due Date **21-Jul-2024**Discount Date **01-Jul-2024****Bill To**Inv# 314630035
Trane US Inc
05/21/2024 # Pages 1
PO# 239324
\$ 116,294.70
FP1 D0C164S709**RECEIVED**

JUL 02 2024

FINANCE

Customer Tax ID

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

Sold ToLINCOLN COUNTY MAINTENANCE
435 SALEM CHURCH ROAD
LINCOLN, NC 28092
UNITED STATES**Ship To**200 GAMBLE DRIVE
LINCOLN, NC 28092<https://www.tranetechnologies.com/customer>

CERTifyTax - for submittal of tax exemption certificates.

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

1088431403

Tax/GST ID: 25-0900465	State Tax: 5,524.00 4.7500%	County Tax: 2,616.63 2.2500%	City Tax: 0.00 0.0000%	District Tax: 0.00 0.0000%
PST/QST ID:	NC	LINCOLN	LINCOLN	

Currency	Subtotal	Special Charges	Tax	Freight	Total
USD	116294.70	0.00	8140.63	0.00	124435.33

Special Instructions		Lincoln Co Health Dept Chiller	
Contract No.	Contract Date	Ship Date	Purchase Order
CID00106413	23-AUG-2022	21-JUN-2024	00230324

Application No. **05** for work completed thru **21-JUN-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: \$387,649.00
 - Percentage Completed: 100.00%
- RETAINAGE:
 - 0.00% of Completed Work: \$0.00
 - 0.00% of Stored Material: \$0.00
 Total Retainage: \$0.00
- TOTAL EARNED LESS RETAINAGE: \$387,649.00
- LESS PREVIOUS REQUESTS FOR PAYMENT: \$271,354.30

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

JUL 03 2024

am

Sections Included: Summary Sheet and Detail Sheet(s)

7-1-24

Ven # 1250	PO # 00230324	Proj #
Acct # 55-4210-51-00-57401	\$ 124,435.33	
Acct # -42101	\$	
Acct #	\$	
Manager <i>am</i>	Dept	

- CURRENT PROJECT PAYMENT DUE: \$116,294.70
(Before Applicable Sales Taxes)
- Applicable Sales Taxes: \$8,140.63
- Amount Due This Requisition: \$124,435.33
Currency: USD

PLEASE REFERENCE NUMBER **314630035** WITH YOUR PAYMENT**116,294.70**55 11-0000-00-00-14000 5524.00
11-0000-00-00-14101 2616.63

003361

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APPLICATION AND CERTIFICATION FOR PAYMENT (SUMMARY SHEET)

Invoice: 314630035

To: LINCOLN COUNTY MAINTENANCE CONTRACT LINCOLN CO HEALTH DEPT CHILLER NAME:

APPLICATION NO: 05
APPLICATION DATE: 21-JUN-2024
PERIOD TO: 21-JUN-2024
CUST PO NO: 00230324
CONTRACT DATE: 23-AUG-2022
CONTRACT NO: CID00106413

From: Trane
4501 SOUTH TRYON STREET
CHARLOTTE, NC 28217
CONTRACT 200 GAMBLE DRIVE
LOCATION: LINCOLN, NC 28092

APPLICATION FOR PAYMENT

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
- 2 NET CHANGE BY CHANGE ORDERS: \$0.00
- 3 CONTRACT SUM TO DATE (Line 1 +/- 2) \$387,649.00
- 4 TOTAL COMPLETED & STORED TO DATE: (Column G on Detail Sheet) \$387,649.00

- 5 RETAINAGE:
- a. 0.00% of Completed Work: \$0.00
(Columns D + E on Detail Sheet)
- b. 0.00% of Stored Material: \$0.00
(Column F on Detail Sheet)
- Total Retainage: \$0.00
(Line 5a+5b or Total in Column I of Detail Sheet)

- 6 TOTAL EARNED LESS RETAINAGE: (Line 4 less Line 5 Total) \$387,649.00
- 7 LESS PREVIOUS CERTIFICATES FOR PAYMENT: \$271,354.30
(Line 6 from prior Certificate)
- 8 CURRENT PAYMENT DUE: (Before Applicable Sales Taxes) \$116,294.70

- 9 BALANCE TO FINISH, INCLUDING RETAINAGE: (Line 3 less line 6) \$0.00

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	

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 \$116,294.70
(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.

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DETAIL SHEET

APPLICATION AND CERTIFICATE FOR PAYMENT,
Containing Certification is attached

1089431433

Invoice: 314630035

05

CUST PO NO:

00230324

APPLICATION NO:

21-JUN-2024

CONTRACT DATE:

23-AUG-2022

APPLICATION DATE:

21-JUN-2024

CONTRACT NO:

CID00106413

A No.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H BALANCE TO FINISH (C-G)	I RETAINAGE
			FROM PREVIOUS APPLICATION (D +E)						
1	Turnkey Project	387,649.00	271,354.30		116,294.70	0.00	387,649.00	0.00	0.00
	TOTAL	387,649.00	271,354.30		116,294.70	0.00	387,649.00	0.00	0.00

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

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
		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