

AGENDA ITEM FOR ADMINISTRATIVE MEETING

() Discussion only
(X) Action

FROM (DEPT/ DIVISION): Douglas R. Olsen
County Counsel

SUBJECT: Maintenance Payable

<p>Background: Approval is sought for a payable for emergency repairs to the HVAC system at the Public Health facility. The payable is before the Board for approval due to the amount.</p>	<p>Requested Action: Approve payable to Murphy's Heating & Air LLC in the amount of \$8,745</p>
---	---

ATTACHMENTS: Payable

*****For Internal Use Only*****

Checkoffs:

- () Dept. Head (copy)
- () Budget (copy)
- () Fiscal
- (X) Legal (copy)
- () (Other - List:)

To be notified of Meeting:
Mark Tanner

Needed at Meeting:

Scheduled for meeting on: May 23, 2023

Action taken:

UMATILLA COUNTY PAYMENT REQUEST

P E I D - A C 5486-01 Call Finance for PEID #

NAME MURPHY'S HEATING & AIR LLC

ADDRESS

1120 TUTUILLA ROAD

PENDLETON, OR 97801

AUTHORIZATION-APPROVAL

DEPARTMENT CFO

BOARD

SUBMITTED 5/15/2023

DATE PAID

CHECK NUMBER

AMOUNT	ACCOUNT #	DESCRIPTION	INVOICE NUMBER	INVOICE TOTAL	INVOICE DATE	FINANCE CODES
\$8,745.00	6002-53400	Install New Furnance & AC	5342	\$8,745.00	05/12/23	
		Public Health				

\$8,745.00 PAGE TOTAL Office Use: Pretravel Auth rec: _____ Contract Reviewed: _____ Routine: _____
\$8,745.00 GRAND TOTAL Office Use: Tax ID Reviewed: _____ Quotes: _____ Bids: _____



Phone # 541-276-2997
 1120 Tutuilla Rd
 Pendleton, OR 97801

**MURPHY'S
 HEATING & AIR, LLC**

Invoice

Date	Invoice #
5/12/2023	5342

CCB Lic # 179657

Bill To

Umatilla County Maintenance
 216 SE 4th
 Pendleton, OR 97801

P.O. No.	Terms	Project
Health Dept	Due on receipt	

Quantity	Description	Rate	Amount
1	Install new furnace and AC as per quote Building Code <u>2</u> Object Code <u>53400</u> Remodel Dept _____ Approved <u>MJ</u>	8,745.00	8,745.00
<p>For your convenience, we accept Visa and Mastercard. All credit card payments will automatically have a 3.50% transaction fee added to total.</p>			

Thank you for your business.

Total

\$8,745.00

**\$9.00 fee min. (per month) on all
 accounts over 31 days past due.**

CHECK LIST

- AIR FILTERS
- CLEANED REPLACED
- COMPRESSOR
- SUCTION _____ PSI
- HEAD _____ PSI
- ELECTRICAL CONNECTIONS
- CONTACTS TIGHT & CLEAN
- CONDITION
- CONDENSATION AREAS
- INSPECT & CLEAN DRAIN
- CONDENSER COIL
- CLEAN COIL & CHECK FIN COND.
- PILOT ASSEMBLY
- FLAME ADJUSTMENT
- PRIMARY RELAY & FLUE
- FAN & LIMIT SWITCH OPER.
- BLOWER ASSEMBLY
- RV VALVE
- STRIP HEAT
- DEFROST CYCLE
- REFRIGERANT
- LEAK
- CHANGE
- THERMOSTAT
- OK REPLACE

1155 Tutuilla Rd
Pendleton, OR 97801
Tel.: 541-276-2997
CCB 179657



NAME Monette County

ADDRESS _____

CITY _____ STATE _____ ZIP _____

JOB LOCATION 11216k Dept. 7m...

PHONE _____

WORK PHONE _____

QTY.	ITEM OR PART DESCRIPTION	PRICE	AMOUNT	DESCRIPTION OF SERVICE WORK	AMOUNT
	TOTAL PARTS				
	DESCRIPTION				
	CHARGES FROM BELOW				
	TOTAL OTHER CHARGES				
	LABOR CHARGES				
	TECHNICIAN SIGNATURE				
	HRS. @ _____ /HR. = _____				
	CERTIFICATE NO. _____				
	TOTAL				
	RECOMMENDED REPAIRS				

Install New Furnace & AC 25 pr
guth

MURPHY'S HEATING & AIR, LLC

LABOR GUARANTY
The labor charge as recorded here relative to the equipment serviced as noted, is guaranteed for a period of 30 days.

PARTS WARRANTY
All parts as recorded are warranted as per manufacturer specifications. We do not, of course, guaranty other parts than those we install. If repairs later become necessary due to other defective parts, they will be charged separately.

TRAVEL TIME
ARRIVED _____ ENDING _____ /HR. = _____
DEPARTED _____ START - _____ X _____ /MI = _____
TRAVEL TIME _____ MILES _____ TRIP CHARGE \$ _____

INSPECTION CHECKLIST

REFRIGERANT	SYSTEM	EQUIPMENT
TYPE _____	QTY _____	CHANGED OUT (OR REPLACED)? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECOVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	QTY _____	DISMANTLED? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECYCLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	QTY _____	REFRIGERANT DISPOSAL _____
RECLAIMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	QTY _____	OWNER'S INITIALS
RETURNED TO THE SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	QTY _____	ACCEPTED _____ DECLINED _____

LABOR CHARGES _____ HRS. @ _____ /HR. = _____

TECHNICIAN SIGNATURE _____

HEREBY AUTHORIZE THE ABOVE WORK TO BE DONE AS SO ORDERED AND OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL COMPLETE PAYMENT HAS BEEN MADE. IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER HAS THE RIGHT TO REMOVE EQUIPMENT AND MATERIAL WITHOUT BEING HELD RESPONSIBLE FOR ANY DAMAGES RESULTING FROM THE REMOVAL OF EQUIPMENT.

AUTHORIZED SIGNATURE _____

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY. **X**

TOTAL DUE 8715.00