



Case No.: 15-0006 -EL-EEC

Mercantile Customer: **Cincinnati VAMC**

Electric Utility: **Duke Energy**

Program Title or Description: **Water Cooled Chiller Tune Up**

Rule 4901:1-39-05(F), Ohio Administrative Code (O.A.C.), permits a mercantile customer to file, either individually or jointly with an electric utility, an application to commit the customer's existing demand reduction, demand response, and energy efficiency programs for integration with the electric utility's programs. The following application form is to be used by mercantile customers, either individually or jointly with their electric utility, to apply for commitment of such programs in accordance with the Commission's pilot program established in Case No. [10-834-EL-POR](#)

Completed applications requesting the cash rebate reasonable arrangement option (Option 1) in lieu of an exemption from the electric utility's energy efficiency and demand reduction (EEDR) rider will be automatically approved on the sixty-first calendar day after filing, unless the Commission, or an attorney examiner, suspends or denies the application prior to that time. Completed applications requesting the exemption from the EEDR rider (Option 2) will also qualify for the 60-day automatic approval so long as the exemption period does not exceed 24 months. Rider exemptions for periods of more than 24 months will be reviewed by the Commission Staff and are only approved up the issuance of a Commission order.

Complete a separate application for each customer program. Projects undertaken by a customer as a single program at a single location or at various locations within the same service territory should be submitted together as a single program filing, when possible. Check all boxes that are applicable to your program. For each box checked, be sure to complete all subparts of the question, and provide all requested additional information. Submittal of incomplete applications may result in a suspension of the automatic approval process or denial of the application.

Any confidential or trade secret information may be submitted to Staff on disc or via email at ee-pdr@puc.state.oh.us.

Section 1: Mercantile Customer Information

Name: **Cincinnati VAMC**

Principal address: **3200 Wine St. Mail Stop 138
Cincinnati, OH 45220**

Address of facility for which this energy efficiency program applies:

**3200 Wine St. Mail Stop 138
Cincinnati, OH 45220**

Name and telephone number for responses to questions:

Megan Fox, (980)373-1198

Electricity use by the customer (check the box(es) that apply):

- The customer uses more than seven hundred thousand kilowatt hours per year at the above facility. (Please attach documentation.)
- The customer is part of a national account involving multiple facilities in one or more states. (Please attach documentation.)

Section 2: Application Information

A) The customer is filing this application (choose which applies):

- Individually, without electric utility participation.
- Jointly with the electric utility.**

B) The electric utility is: **Duke Energy**

C) The customer is offering to commit (check any that apply):

- Energy savings from the customer's energy efficiency program. (Complete Sections 3, 5, 6, and 7.)
- Capacity savings from the customer's demand response/demand reduction program. (Complete Sections 4, 5, 6, and 7.)
- Both the energy savings and the capacity savings from the customer's energy efficiency program. (Complete all sections of the Application.)**

Section 3: Energy Efficiency Programs

A) The customer's energy efficiency program involves (check those that apply):

- Early replacement of fully functioning equipment with new equipment. (Provide the date on which the customer replaced fully functioning equipment, and the date on which the customer would have replaced such equipment if it had not been replaced early. Please include a brief explanation for how the customer determined this future replacement date (or, if not known, please explain why this is not known)).

September 2013 & November 2013

- Installation of new equipment to replace equipment that needed to be replaced. The customer installed new equipment on the following date(s):
- Installation of new equipment for new construction or facility expansion. The customer installed new equipment on the following date(s):
_____.
- Behavioral or operational improvement.

B) Energy savings achieved/to be achieved by the energy efficiency program:

- 1) If you checked the box indicating that the project involves the early replacement of fully functioning equipment replaced with new equipment, then calculate the annual savings [(kWh used by the original equipment) - (kWh used by new equipment) = (kWh per year saved)]. Please attach your calculations and record the results below:

Annual savings: 114,107 kWh

- 2) If you checked the box indicating that the customer installed new equipment to replace equipment that needed to be replaced, then calculate the annual savings [(kWh used by less efficient new equipment) - (kWh used by the higher efficiency new equipment) = (kWh per year saved)]. Please attach your calculations and record the results below:

Annual savings: _____ kWh

Please describe any less efficient new equipment that was rejected in favor of the more efficient new equipment.

- 3) If you checked the box indicating that the project involves equipment for new construction or facility expansion, then calculate the annual savings [(kWh used by less efficient new equipment) - (kWh used by higher efficiency new equipment) = (kWh per year saved)]. Please attach your calculations and record the results below:

Annual savings: **XXXXX kWh (See Attachment 1 - Appendix 2)**

Please describe the less efficient new equipment that was rejected in favor of the more efficient new equipment.

- 4) If you checked the box indicating that the project involves behavioral or operational improvements, provide a description of how the annual savings were determined.

Annual savings: **XXXXX kWh (See Attachment 1 - Appendix 2)**

Section 4: Demand Reduction/Demand Response Programs

A) The customer's program involves (check the one that applies):

- Coincident peak-demand savings from the customer's energy efficiency program.**
- Actual peak-demand reduction. (Attach a description and documentation of the peak-demand reduction.)
- Potential peak-demand reduction (check the one that applies):
 - The customer's peak-demand reduction program meets the requirements to be counted as a capacity resource under a tariff of a regional transmission organization (RTO) approved by the Federal Energy Regulatory Commission.
 - The customer's peak-demand reduction program meets the requirements to be counted as a capacity resource under a program that is equivalent to an RTO program, which has been approved by the Public Utilities Commission of Ohio.

B) On what date did the customer initiate its demand reduction program?

Month(s) and Year(s)

C) What is the peak demand reduction achieved or capable of being achieved (show calculations through which this was determined):

62 KW (See Attachment 1 - Appendix 2)

Section 5: Request for Cash Rebate Reasonable Arrangement (Option 1) or Exemption from Rider (Option 2)

Under this section, check the box that applies and fill in all blanks relating to that choice.

Note: If Option 2 is selected, the application will not qualify for the 60-day automatic approval. All applications, however, will be considered on a timely basis by the Commission.

A) The customer is applying for:

Option 1: A cash rebate reasonable arrangement.

OR

Option 2: An exemption from the energy efficiency cost recovery mechanism implemented by the electric utility.

OR

Commitment payment

B) The value of the option that the customer is seeking is:

Option 1: A cash rebate reasonable arrangement, which is the lesser of (show both amounts):

A cash rebate of **\$5090.00 (See Attachment 1 - Appendix 3).**

Option 2: An exemption from payment of the electric utility's energy efficiency/peak demand reduction rider.

An exemption from payment of the electric utility's energy efficiency/peak demand reduction rider for ____ months (not to exceed 24 months). (Attach calculations showing how this time period was determined.)

OR

A commitment payment valued at no more than \$_____. (Attach documentation and calculations showing how this payment amount was determined.)

OR

- Ongoing exemption from payment of the electric utility's energy efficiency/peak demand reduction rider for an initial period of 24 months because this program is part of the customer's ongoing efficiency program. (Attach documentation that establishes the ongoing nature of the program.) In order to continue the exemption beyond the initial 24 month period, the customer will need to provide a future application establishing additional energy savings and the continuance of the organization's energy efficiency program.)

Section 6: Cost Effectiveness

The program is cost effective because it has a benefit/cost ratio greater than 1 using the (choose which applies):

- Total Resource Cost (TRC) Test. The calculated TRC value is: _____
(Continue to Subsection 1, then skip Subsection 2)
- ✓ Utility Cost Test (UCT). The calculated UCT value is 2.62(See Attachment 1 - Appendix 4)

Subsection 1: TRC Test Used (please fill in all blanks).

The TRC value of the program is calculated by dividing the value of our avoided supply costs (generation capacity, energy, and any transmission or distribution) by the sum of our program overhead and installation costs and any incremental measure costs paid by either the customer or the electric utility.

The electric utility's avoided supply costs were _____.

Our program costs were _____.

The incremental measure costs were _____.

Subsection 2: UCT Used (please fill in all blanks).

We calculated the UCT value of our program by dividing the value of our avoided supply costs (capacity and energy) by the costs to our electric utility (including administrative costs and incentives paid or rider exemption costs) to obtain our commitment.

Our avoided supply costs were **\$8,581 (See Attachment 1 - Appendix 5)**.

The utility's program costs were **\$3,827 (See Attachment 1 - Appendix 6)**.

The utility's incentive costs/rebate costs were **\$5090 (See Attachment 1 - Appendix 3)**.

Section 7: Additional Information

Please attach the following supporting documentation to this application:

Narrative description of the program including, but not limited to, make, model, and year of any installed and replaced equipment.

A copy of the formal declaration or agreement that commits the program or measure to the electric utility, including:

- 1) any confidentiality requirements associated with the agreement;
- 2) a description of any consequences of noncompliance with the terms of the commitment;
- 3) a description of coordination requirements between the customer and the electric utility with regard to peak demand reduction;
- 4) permission by the customer to the electric utility and Commission staff and consultants to measure and verify energy savings and/or peak-demand reductions resulting from your program; and,
- 5) a commitment by the customer to provide an annual report on your energy savings and electric utility peak-demand reductions achieved.

Refer to Offer Letter following this application

A description of all methodologies, protocols, and practices used or proposed to be used in measuring and verifying program results. Additionally, identify and explain all deviations from any program measurement and verification guidelines that may be published by the Commission.

Attachment 1 – Veterans Admin Hospital

Appendix 1 – Electric History

VETERANS ADMIN HOSP 539				
3200 VINE				
CINCINNATI, OH 45220				
Date	Days	Read	Actual KWH	Bill KWH
9/30/2014	32	0	1,858,106	1,830,234
8/29/2014	29	0	1,898,347	1,869,872
7/31/2014	30	0	1,947,410	1,918,199
7/1/2014	29	0	1,949,834	1,920,586
6/2/2014	32	0	1,875,778	1,847,641
5/1/2014	30	0	1,599,288	1,575,299
4/1/2014	29	0	1,461,403	1,439,482
3/3/2014	31	0	1,486,519	1,464,221
1/31/2014	29	0	1,344,374	1,324,208
1/2/2014	31	0	1,462,788	1,440,846
12/2/2013	34	0	1,650,454	1,625,697
10/29/2013	29	0	1,572,998	1,549,403
9/30/2013	32	0	2,005,721	1,975,635
8/29/2013	29	0	1,923,900	1,895,041
7/31/2013	30	0	2,076,806	2,045,654

7/31/2013	30	0	2,076,806	2,045,654
7/1/2013	31	0	1,984,270	1,954,506
5/31/2013	30	0	1,664,933	1,639,959
5/1/2013	29	0	1,443,852	1,422,194
4/2/2013	32	0	1,387,162	1,366,355
3/1/2013	29	0	1,279,428	1,260,237
1/31/2013	29	0	1,247,306	1,228,596
1/2/2013	34	0	1,452,638	1,430,848
11/29/2012	31	0	1,376,340	1,355,695
10/29/2012	31	0	1,624,889	1,600,516
9/28/2012	30	0	1,855,042	1,827,216

Appendix 2 – Annual kWh and kW savings

Measure	Measure Amount	Unit of Measure	Annual kWh Gross with losses (per unit)	TOTAL Annual kWh Gross with losses	Saved Summer coincident kW with losses Per Unit	Total KW Gross with losses
SelfDirect Water Cooled Chiller Tune Up per ton	2670	per ton	43	114,107	0.02	62.40

Appendix 3 – Cash Rebate

Measure	Amount
SelfDirect Water Cooled Chiller Tune Up per ton	\$5,090.00

Appendix 4 – Utility Cost Test

Measure	UCT
SelfDirect Water Cooled Chiller Tune Up per ton	2.62

Appendix 5 – Avoided Supply Costs

Measure	T&D	Production	Capacity	Quantity	Total Avoided Costs
SelfDirect Water Cooled Chiller Tune Up per ton	\$0.00	\$3.21	\$0.00	2670	\$8,581

Appendix 6 – Utility Program Costs

Measure	Qty	Admin Costs	Total Costs
SelfDirect Water Cooled Chiller Tune Up per ton	2670	\$1.43	\$3,827



Ohio Mercantile Self Direct Program

Application Guide & Cover Sheet

Questions? Call 1-866-380-9580 or visit www.duke-energy.com.

Email this form along with completed Mercantile Self Direct Prescriptive or Custom applications, proof of payment, energy savings calculations and spec sheets to SelfDirect@Duke-Energy.com. You may also fax to 1-513-629-5572.

Mercantile customers, defined as using at least 700,000 kWh annually or having an account in multiple locations are eligible for the Mercantile Self Direct program. Indicate which applies:

- a single Duke Energy Ohio account with 700,000 kWh annual usage
- an account with multiple locations

Please list Duke Energy account numbers below (attach listing of multiple accounts and/or billing history for other utilities as required):

Account Number	Annual Usage	Account Number	Annual Usage
91800750	20,000,000 k wh		

Self Direct rebates are available for completed Custom projects that have not previously received a Duke Energy Smart Saver® Custom Incentive. Self Direct rebates are applicable to Prescriptive measures that were installed more than 90 days prior to submission to Duke Energy and have not previously received a Duke Energy Prescriptive rebate.

Self Direct Program rules allow for, though do not require, certain projects that are Prescriptive in nature under the Smart Saver program to be evaluated using the Custom process in the Self Direct program. Use the list on page two as a guide to determine which Self Direct program best fits your project(s). Apply for Self Direct projects using the appropriate application forms in conjunction with this cover sheet.

Self Direct Program rules also allow for behaviorally based and/or no cost and low cost projects to receive rebates.

Please check each box to indicate completion/inclusion of the following program requirements:

<input checked="" type="checkbox"/> All sections of appropriate application(s) are completed	<input checked="" type="checkbox"/> Proof of payment.*	<input checked="" type="checkbox"/> Manufacturer's Spec sheets	<input type="checkbox"/> Energy model/calculations and detailed inputs for Custom applications
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*If a single payment record is intended to demonstrate the costs of both Prescriptive & Custom projects, please include an additional document with an estimated breakout of costs for each Prescriptive and Custom energy conservation measure.

**Behavioral energy efficiency and demand reduction projects must be both measurable and verifiable. Provide justification with your application. Rebates for such projects may be small in magnitude.

Application Type	Prescriptive Measures with Optional Custom Processing	
Heating & Cooling and Window Films, Programmable Thermostats, & Guest Room Energy Management Systems	<input type="checkbox"/> Energy Star Window/Sleeve/Room AC <input type="checkbox"/> Central Air Unit	<input type="checkbox"/> Air Source Heat Pump Water Heater
	<input type="checkbox"/> Setback/Programmable Thermostat <input type="checkbox"/> Guestroom Energy Management Control	<input type="checkbox"/> Window Film
Chillers & Thermal Storage	<input type="checkbox"/> Air Cooled Chiller	<input type="checkbox"/> Water Cooled Chiller
Motors, Pumps and Variable Frequency Drives (VFDs)	<input type="checkbox"/> VFD – Applied to Process Pump <input type="checkbox"/> VFD – Applied to HVAC Pump	<input type="checkbox"/> VFD – applied to HVAC Fan
Food Service	<input type="checkbox"/> ENERGY STAR Hot Food Holding Cabinet <input type="checkbox"/> Night Covers for Display <input type="checkbox"/> ECM Cooler, Freezer, and Display Case Motors <input type="checkbox"/> ENERGY STAR Solid or Glass Door Reach-in Freezer or Refrigerator	<input type="checkbox"/> Anti-Sweat Heater Control <input type="checkbox"/> Cooking Equipment <input type="checkbox"/> ENERGY STAR ICE MACHINE
Process Equipment	<input type="checkbox"/> Engineered Nozzle – COMPRESSED AIR <input type="checkbox"/> Air compressor equipped with VFD	<input type="checkbox"/> Pellet Dryer Duct Insulation
Chiller Tune-ups	<input checked="" type="checkbox"/> Air cooled chiller tune-up	<input checked="" type="checkbox"/> Water cooled chiller tune-up

Please indicate above any Prescriptive energy conservation measures to be evaluated through the Custom process. Only Prescriptive measures listed above are eligible for this option. To receive a Self Direct Custom rebate, a detailed analysis of pre-project and post-project energy usage and project costs must be included in the application.

Although some Self Direct Prescriptive measures are eligible for evaluation through Custom processes, such an approach may not be most effective for certain measures.

MERCANTILE SELF DIRECT Ohio Chiller Tune-up Service Application

Questions? Call 1-866-380-9580 or visit www.duke-energy.com.

Email the complete, signed application with all required documents to SelfDirect@duke-energy.com or fax to 513-629-5572.

Is this application: **NEW** (original) or **REVISED** (changes made to original application)

Building Type – Required (check one)		
<input type="checkbox"/> Data Centers	<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Office
<input type="checkbox"/> Education/K-12	<input checked="" type="checkbox"/> Healthcare	<input type="checkbox"/> Public Assembly
<input type="checkbox"/> Education Other	<input type="checkbox"/> Industrial	<input type="checkbox"/> Public Order/Safety
<input type="checkbox"/> Elder Care/Nursing Home	<input type="checkbox"/> Lodging	<input type="checkbox"/> Religious Worship/Church
<input type="checkbox"/> Food Sales/Grocery	<input type="checkbox"/> Retail (Small Box)	<input type="checkbox"/> Service
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Retail (Big Box)	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Other:		
How did you hear about the program? (check one)		
<input checked="" type="checkbox"/> Duke Energy Representative	<input type="checkbox"/> Web Site	<input type="checkbox"/> Radio
<input type="checkbox"/> Contractor / Vendor	<input type="checkbox"/> Other	

Please check each box to indicate completion of the following program requirements:

<input checked="" type="checkbox"/> All sections of application	<input checked="" type="checkbox"/> Invoice with make, model number, quantity and equipment manufacturer	<input checked="" type="checkbox"/> Tax ID number for payee <input checked="" type="checkbox"/> W-9 for payee	<input checked="" type="checkbox"/> Customer/vendor agree to Terms and Conditions
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Customer Information					
Customer/Business	Cincinnati VAMC	Contact	Kevin Henderson		
Phone	513 487-6698	Account Number	91800750		
Street Address (Where rebate should be mailed)		3200 Vine St., Mail Stop 138			
City	Cincinnati	State	OH	Zip Code	45220
Installation Street Address		same			
City		State		Zip Code	
E-mail Address					

**Failure to provide the account number associated with the location where the installation took place will result in rejection of the application.*

Vendor Information					
Vendor	Daikin/McQuay	Contact	Gary Hardoerfer		
Phone	513 609-1481	Fax			
Street Address		13600 Industrial Park Blvd			
City	Minneapolis	State	MN	Zip Code	55441
E-mail Address		Gary.Hardoerfer.daikinapplied.com			

If Duke Energy has questions about this application, who should we contact? Customer Vendor

Payment Information		
Who should receive rebate payment?	<input checked="" type="checkbox"/> Customer	<input type="checkbox"/> Vendor (Customer must sign below)
I hereby authorize payment of rebate directly to the vendor:	Customer Signature (written signature)	
	Date	10/11/14
Provide Tax ID Number for Payee	Customer Tax ID #	31-0542398
	Vendor Tax ID #	

Terms and Conditions			
I have read and hereby agree to the Terms & Conditions and Program Requirements.			
Customer Signature (written signature)	<i>Kevin Henderson</i>	Vendor Signature (written signature)	
Date	10/11/14	Date	
Title	Energy Manager	Title	

Rebates are subject to change and may be discontinued at the sole discretion of Duke Energy. Equipment must be installed and operable to be eligible for rebates. As Federal Energy Policy Law changes, equipment efficiency requirements are subject to change.

Air Cooled and Water Cooled Chiller Tune-ups						
Manufacturer and Model #	# of Units	Tons Per unit*	Total Project Cost	Current Service Date	Previous Service Date	Total Rebate
Carrier 19XRV 6566465LE64	3	750	\$8,398.00	9/17/13		
Carrier 30GTN210E6200A	2	210	\$1,882.00	11/14/13		

*Provide manufacturer's spec sheet documenting the size of the unit

To Calculate your tune-up rebate*:	
A. Add up equipment capacity of all units serviced (in tons) and multiply by \$2/ton =	\$5,340.00
B. Cost of service = \$10,180.00 x 50% of total service cost =	\$5,090.00
Total Rebate (lesser amount of row A or row B)=	\$5,090.00

*Rebates cannot exceed 50% of total service invoice (external labor and equipment).

Service Requirements:

1. This rebate is available only once per unit in a 12 month period.
2. An individual chiller is considered one unit.
3. Copy of paid invoice must be included with this application
4. Self serviced (internal) labor should not be included as part of the total service cost. Only external labor will be considered as part of the total service invoice.
5. Cooling service must include the following normal maintenance items (please check if completed):

<input checked="" type="checkbox"/> Air cooled condenser coil cleaning	<input checked="" type="checkbox"/> Compressor amp draw	<input checked="" type="checkbox"/> Low Pressure controls
<input checked="" type="checkbox"/> System Pressure check and adjust	<input checked="" type="checkbox"/> Supply motor amp draw	<input checked="" type="checkbox"/> High Pressure controls
<input checked="" type="checkbox"/> Filter inspect or replace	<input checked="" type="checkbox"/> Condenser fan(s) amp draw	<input checked="" type="checkbox"/> Crankcase heater operation
<input checked="" type="checkbox"/> Belt inspect or replace	<input checked="" type="checkbox"/> Liquid line temperature	<input checked="" type="checkbox"/> Water cooled chiller condenser tube cleaning
<input checked="" type="checkbox"/> Contactors condition	<input checked="" type="checkbox"/> Suction pressure & temperature	<input type="checkbox"/> Water cooled chiller evaporator tube cleaning
<input checked="" type="checkbox"/> Evaporator condition	<input checked="" type="checkbox"/> Oil level & pressure	

Rebate Eligibility

- Rebates are only available to customers on Duke Energy Ohio non-residential rate.
- Duke Energy Customers who purchase electric generation from an alternative supplier are eligible to participate.
- Rebate will not be paid until eligible equipment has been installed, is available to operate, and verification has been completed by Duke Energy staff as noted in the Term & Conditions stated below.
- Duke Energy reserves the right to revise rebate levels and/or qualifying efficiency levels at anytime.
- Customer may assign the rebate to the vendor who installed/supplied the equipment. The customer's signature is required in the appropriate places on this form to assign the rebate to the vendor. Customer agrees that such an action constitutes an irrevocable assignment of the rebate. This assigned rebate must reduce the purchase price paid for the equipment by an equivalent amount.
- Any equipment which, either separately or as part of a project, has or will receive a rebate from any other Duke Energy program
- In no case will Duke Energy pay a rebate above the actual cost of the service.
- Rebate recipient assumes all responsibilities for any tax consequences resulting from Duke Energy rebate payment.
- To qualify for Duke Energy rebates, applicants who provide their social security number as their federal tax identification number for tax purposes must sign and return the "Customer consent to release personal information" form ("Consent Form") along with the application. Rebate applications are processed by a 3rd party vendor. The 3rd party vendor is responsible for mailing the 1099 form at the end of the calendar year for tax filing. Duke Energy and the 3rd party vendor have signed a confidentiality agreement to protect your personal information. If your social security number is your federal tax ID number and you elect not to sign the Consent Form, please do not send Duke Energy the application, as you will not be qualified to participate in the rebate program.



DUKE ENERGY
Mercantile Self Direct Program
139 East Fourth Street
Cincinnati, OH 45202
513 629 5572 fax

November 13th, 2014

Mr. Henderson
Cincinnati VAMC
3200 Vine St
Cincinnati, OH 45220

Subject: Your Application for a Duke Energy Mercantile Self-Direct Rebate

Dear Mr. Henderson:

Thank you for your Duke Energy Mercantile Self Direct rebate application. As noted in the Energy Conservation Measure (ECM) chart on page two, a total rebate of \$5090 has been proposed for your Water Cooled Chiller Tune Up project completed in the 2013 calendar years. **All Self Direct Rebates are contingent upon approval by the Public Utilities Commission of Ohio (PUCO).**

At your earliest convenience, please indicate if you accept this rebate by

- providing your signature on page two
- completing the PUCO-required affidavit on page three.

Please return the documents to my attention via fax at 513-629-5572 or e-mail to SelfDirect@Duke-Energy.com. Upon receipt, Duke Energy will submit the necessary documentation to PUCO. Following PUCO's approval, Duke Energy will remit payment.

At Duke Energy, we value your business and look forward to working with you on this and future energy efficiency projects. We hope you will consider our Smart Saver® incentives, when applicable. Please contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Megan Fox".

Megan Fox
Product Manager
Mercantile Self Direct Rebates

cc: Mike Heath, Account Executive

Please indicate your response to this rebate offer within 30 days of receipt.

Rebate is accepted. Rebate is declined.

By accepting this rebate, Cincinnati VAMC affirms its intention to commit and integrate the energy efficiency projects listed on the following pages into Duke Energy's peak demand reduction, demand response and/or energy efficiency programs.

Additionally, Cincinnati VAMC also agrees to serve as joint applicant in any future filings necessary to secure approval of this arrangement as required by PUCO and to comply with any information and reporting requirements imposed by rule or as part of that approval.

Finally, Cincinnati VAMC affirms that all application information submitted to Duke Energy pursuant to this rebate offer is true and accurate. Information in question would include, but not be limited to, project scope, equipment specifications, equipment operational details, project costs, project completion dates, and the quantity of energy conservation measures installed.

If rebate is accepted, will you use the monies to fund future energy efficiency and/or demand reduction projects?

YES NO

If rebate is declined, please indicate reason (optional):

Kevin Henderson Kevin Henderson 11/14/14

Customer Signature

Printed Name

Date

Proposed Rebate Amounts

Measure ID	Energy Conservation Measure (ECM)	Proposed Rebate Amount
ECM-1	Water Cooled Chiller Tune Up (Qty: 2670 tons)	\$5090.00
Total		\$5090.00



**Public Utilities
Commission**

15-0006 -EL-EEC

Application to Commit
Energy Efficiency/Peak
Demand Reduction
Programs
(Mercantile Customers
Only)

Case No.: ____ - ____ -EL-EEC

State of OHIO :

Kevin Henderson, Affiant, being duly sworn according to law, deposes and says that:

1. I am the duly authorized representative of:

Cincinnati VAMC

[insert customer or EDU company name and any applicable name(s) doing business as]

2. I have personally examined all the information contained in the foregoing application, including any exhibits and attachments. Based upon my examination and inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete.

3. I am aware of fines and penalties which may be imposed under Ohio Revised Code Sections 2921.11, 2921.31, 4903.02, 4903.03, and 4903.99 for submitting false information.

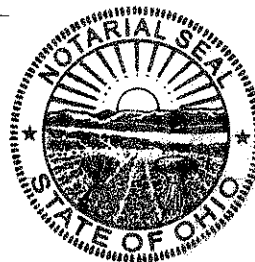
Kevin Henderson Energy Manager
Signature of Affiant & Title

Sworn and subscribed before me this 3 day of December,
2014 Month/Year

Karen S. Winstead
Signature of official administering oath

KAREN S. WINSTEAD, Notary Public
Print Name and Title

My commission expires on January 19, 2019



Karen S. Winstead
Notary Public, State of Ohio
My Commission Expires 1-19-2019

1. 1991-1992
2. 1993-1994
3. 1995-1996



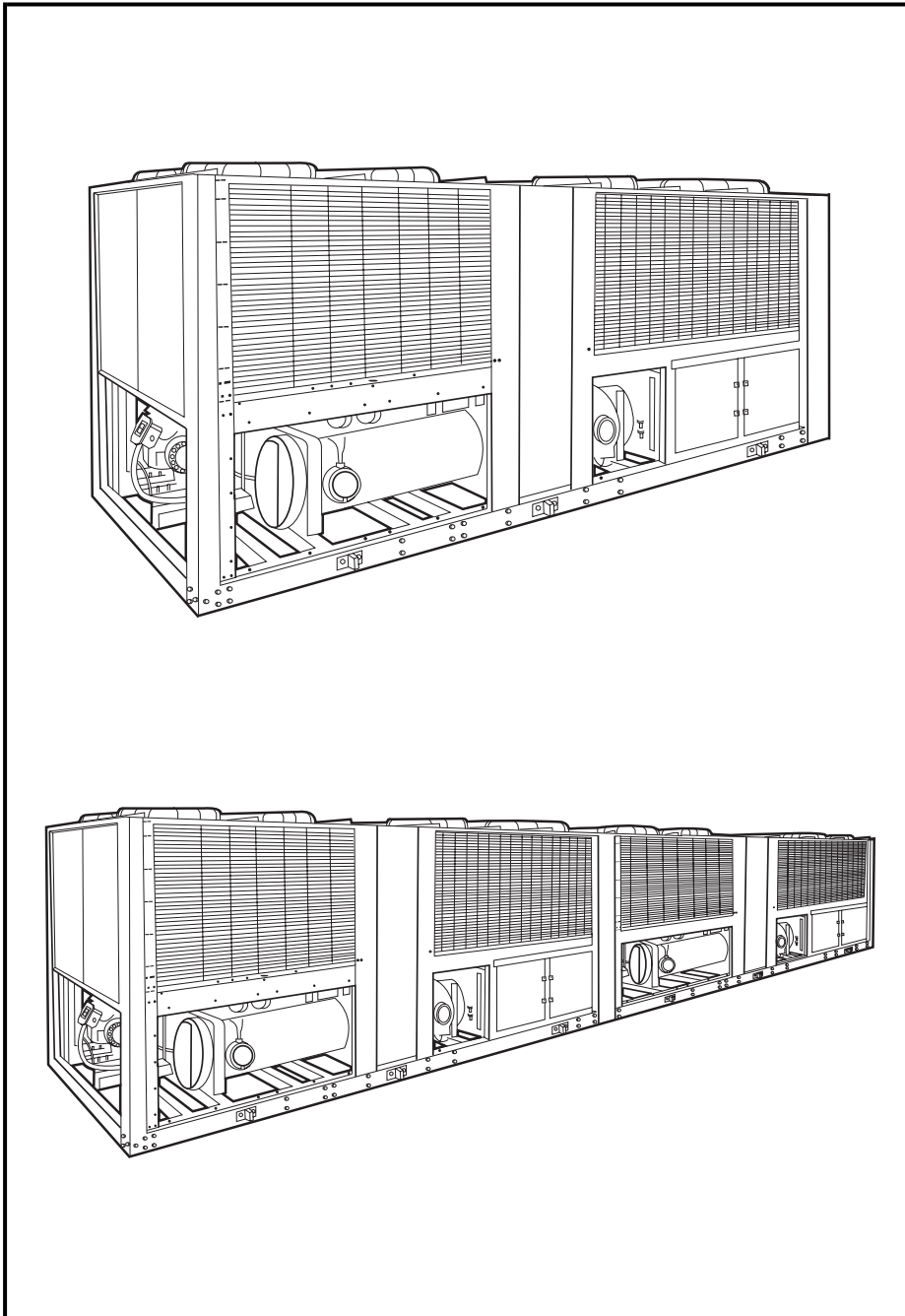


Product Data

30GTN,GTR Air-Cooled Reciprocating Liquid Chillers with *ComfortLink*TM controls 50/60 Hz

Nominal Capacities: 36 to 410 Tons
127 to 1445 kW

*ComfortLink*TM



Features/Benefits

***ComfortLink*TM control**

Your link to a world of simple and easy to use air-cooled chillers that offer outstanding performance and value. The 30GTN,GTR liquid chillers employ more than the latest advanced microprocessor controls, they utilize an expandable platform that grows as your needs change. From stand-alone operation to remotely monitored and operated multi-chiller plants, *ComfortLink* controls can keep you plugged in.

ComfortLink controls are fully communicating, and are cable ready for connection to a Carrier Comfort Network (CCN). Occupancy scheduling, temperature and pressure read-outs, and the *ComfortLink* scrolling marquee clear language display compliment the standard features, linking you to a world of carefree comfort. The 30GTN,GTR chillers are built on the legendary performance of the Carrier model 30G FlotronicTM chiller and share many of the same time-proven features and technologies providing easy operation, quick installation and start-ups that save you money!

Superior temperature control equals potential for greater productivity

Whether in the classroom, on the production floor, or in the office, *ComfortLink* controls can help you to adapt to changing weather and business conditions. Accurate temperature control provided by the Carrier *ComfortLink* system helps to maintain higher levels of indoor air quality, thermal comfort, and productivity space.

While many air-cooled chillers use only leaving fluid temperature control, the 30GTN,GTR chillers utilize



leaving fluid temperature control with a standard entering fluid temperature compensation. This Carrier exclusive provides smart control and intelligent machine capacity staging. Unlike many chillers, Carrier model 30GTN,GTR chillers do not require constant fluid flow. The ability to operate with variable flow also allows building owners to realize even greater overall system energy savings in the chilled water pumping system of up to 85%, and not just at the chiller.

Energy management made easy

While 30GTN,GTR chillers have many standard features such as network communications capability and temperature reset based on return fluid temperature, they can also expand as needs change. Supply temperature reset based on outside air or space temperature is as easy as adding a thermistor. The Energy Management option can allow you to take advantage of changing utility rate structures with easy to use load shedding, demand limiting and temperature reset capabilities. Reset triggered via 4 to 20 mA signal makes integrating from an existing building management system simple.

The *ComfortLink*[™] platform can be expanded further with the Service Option which has all of the features of the Energy Management option, along with an additional hand-held *ComfortLink* Navigator display, remote service connection port, and GFCI convenience outlet (60 Hz only). While providing additional information in a clear language format, the Navigator display can be plugged into the unit at either the control panel or at the remote service port, allowing the service technician to operate the unit from where the maintenance or service work is being performed, thereby minimizing downtime to ensure the system is ready for operation in the shortest amount of time. Both the Energy Management and Service Options can be factory-supplied or can be added in the field at a later date as needs change.

Full and part load efficiency advantage

The 30GTN,GTR chillers with *ComfortLink* control offer outstanding efficiencies (EER [Energy Efficiency Ratio], COP [coefficient of performance], and IPLV [integrated part load value]) in both full (up to 10.0 EER) and part load operation (IPLVs up to 14.7). Increased part load efficiency is provided by dual independent refrigeration circuits,

suction cut-off unloading, and return fluid temperature compensation.

The fully integrated *ComfortLink* control system maintains efficient control over the compressors, unloaders, expansion valves, and condenser fans to optimize performance as conditions change. The Carrier exclusive long-stroke electronic expansion valve (EXV) operates at reduced condensing pressures, thereby allowing the control to operate the fans down to lower outdoor temperatures. By utilizing valve position information, the control maintains the highest possible evaporator pressure and minimizes the excessive superheat that conventional thermal expansion valve (TXV) systems require. Wider operating ranges equal increased efficiencies and lower installed costs.

Building design flexibility

Design and consulting engineers will appreciate the broad selection of sizes and wide operating range offered by the 30GTN,GTR chillers. With built-in dual chiller control, imaginative large tonnage systems can be easily engineered and controlled with smaller, easier to handle modules. Modular design allows engineers to consider side by side, offset, or angled placement to fit the awkward spaces that the architect sometimes leave for mechanical systems. Or, in the case of planned expansion, additional cooling can be brought on-line and controlled from the same system.

In some places facility managers may find that the cash flow provided by building up large air cooled multi-chiller plants can easily off-set any efficiency losses when compared to large water cooled centrifugal type chilled water plants.

Quality and reliability

To assure long life and quality performance, every chiller (both 50 and 60 Hz) is factory run tested at full load. Individual components are also tested at many levels to assure that

only the best parts make it into 30GTN,GTR chillers. Long life and reliability are also a function of design. While some manufacturers like to talk about moving parts, Carrier's engineers recognized the potential dangers to chiller systems caused by problems in the power distribution system. Low voltage and phase imbalances are but a few of the conditions that can hurt the compressor's motor. Model 30G chillers were one of the first to offer ground current sensing to prevent compressor motor burn-out that would contaminate the system and potentially threaten the life of future replacement compressors. The 06E semi-hermetic compressors are built for performance and have proven themselves in commercial refrigeration equipment worldwide.

With tens of thousands of chillers operating in all corners of the world, end-users count on the reliability of Carrier 30G chillers. The Carrier McMinnville, Tennessee (U.S.A.) plant is an ISO 9002/ BS 5750 part II registered facility as are many of Carrier's other component and assembly plants throughout the world.

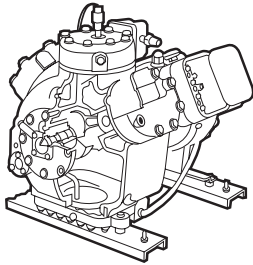
Features

- Simple and easy to use *ComfortLink* communicating controls.
- Wide operating envelope from -28 to 52 C (-20 to 125 F).
- Accurate temperature control with return fluid compensation.
- Value added features built-in; dual chiller control, reset from return.
- Superior full and part-load efficiency.
- Precise multiple-step capacity.
- Low noise operation (quieter than many screw chillers).
- Dual independent refrigerant circuits.
- Full load factory run tested.
- Wide range of sizes available from stock.
- History of proven performance and reliability.

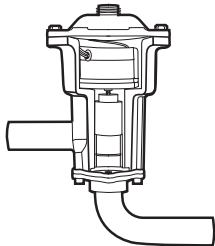
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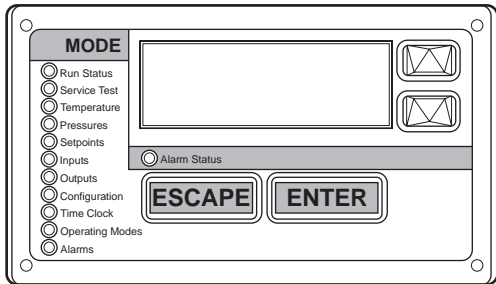
Features/Benefits (cont)



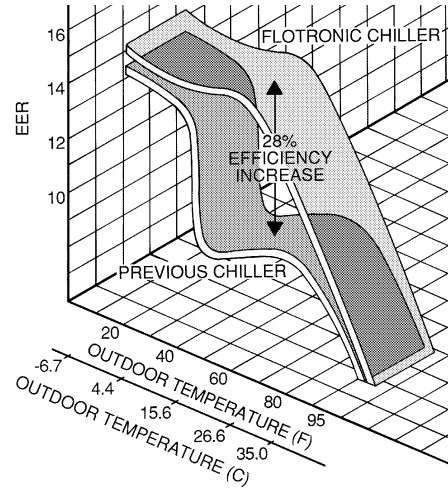
06E COMPRESSOR



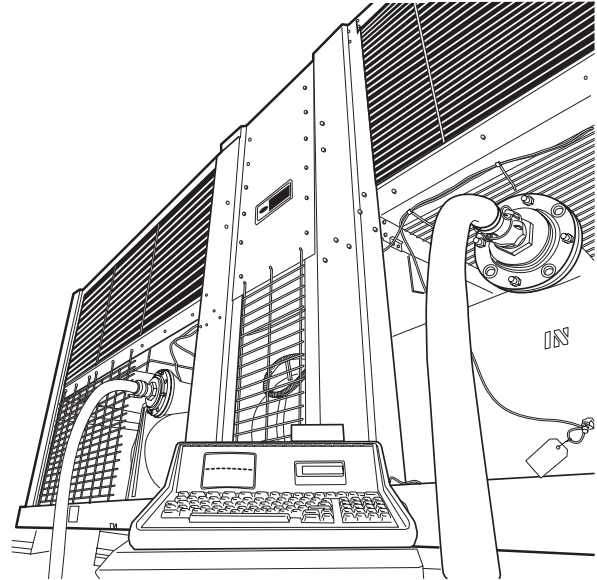
ELECTRONIC EXPANSION VALVE (EXV)



STANDARD MARQUEE DISPLAY



**PART-LOAD EFFICIENCY
28% GAIN**



FACTORY SERVICE TEST

Quality Assurance



Certificate No FM 21837

Approvals:
 ISO 9002
 EN 29002
 BS5750 PART 2
 ANSI/ASQC Q92

Performance Assurance



Rated in accordance with
 ARI Standard 550/590-98
 (60 Hz only)

Model number nomenclature



30GT N 130 - E C 9 2 3 --

30GT – Air-Cooled Liquid Chiller

Compressor Start

- N – Across-The-Line Start with ComfortLink™ Controls
- R – Part-Wind Start with ComfortLink Controls

Unit Sizes*

040	070	110	190	265	330
045	080	130	210	270	360
050	090	150	230	290	390
060	100	170	245	315	420

Module Designation (230-420 Unit Sizes Only)*

- A
- B

Convenience Group Options

- – Standard Marquee Display
- E – Standard Marquee Display with Energy Management Option
- S – Service Option with Navigator Display

Options

-- – NOTE: Contact your Carrier representative for details on available factory-installed options.

Packaging

- 1 – Domestic
- 3 – Export

Not Used

V-Ph-Hz

- 1 – 575-3-60
- 2 – 380-3-60†
- 5 – 208/230-3-60
- 6 – 460-3-60
- 9 – 380/415-3-50†

Condenser Coil Options

- – Copper Tube, Aluminum Fins
- C – Copper Tube, Copper Fins
- H – Copper Tube, Aluminum Heresite Coated Fins
- J – Copper Tube, Copper Heresite Coated Fins
- K – Copper Tube, Pre-Coated Aluminum Fins

LEGEND

EXV — Electronic Expansion Valve

*Refer to Unit Sizes and Modular Combinations below.

†Export only — not for U.S. domestic sale.

UNIT SIZES AND MODULAR COMBINATIONS

UNIT MODEL 30GTN,GTR	NOMINAL TONS	SECTION A UNIT 30GTN,GTR	SECTION B UNIT 30GTN,GTR
40	40	—	—
45	45	—	—
50	50	—	—
60	60	—	—
70	70	—	—
80	80	—	—
90	90	—	—
100	100	—	—
110	110	—	—
130	125	—	—
150	145	—	—
170	160	—	—
190	180	—	—
210	200	—	—
230	220	150	080
245	230	150	090
255	240	150	100
270	260	170	100
290	280	190	110
315	300	210	110
330	325	170	170
360	350	190	190/170*
390	380	210	190
420	410	210	210

*60 Hz units/50 Hz units.

60 Hz UNITS, ENGLISH

30GTN,GTR UNIT SIZE	040	045	050	060	070	080	090	100	110
SYSTEM MODULES	—	—	—	—	—	—	—	—	—
APPROX OPERATING WEIGHT (lb)									
Cu-Al	3550	3681	3856	4740	5028	6630	7015	8610	8660
Cu-Cu	3838	3969	4289	5157	5656	7355	7740	9560	9610
REFRIGERANT TYPE	R-22								
Charge, Total/Over Clear Glass (lb)									
Ckt A	39/12	40/12	48/12	52/14	70/15	78/15	78/15	98/20	98/20
Ckt B	48/12	46/12	60/12	54/14	69/15	78/15	78/15	105/20	105/20
COMPRESSORS	Reciprocating, Semi-Hermetic								
Speed (rpm)	1750								
06E* (Qty) Ckt A	(1) 250	(1) 250	(1) 265	(1) 275	(1) 299	(1) 250, (1) 275	(1) 250, (1) 265	(1) 265, (1) 275	(1) 265, (1) 299
(Qty) Ckt B	(1) 250	(1) 265	(1) 275	(1) 299	(1) 299	(1) 299	(2) 265	(1) 265, (1) 275	(1) 265, (1) 275
Oil Charge (Compressor/pt)	250/14.0, 265/19.0, 275/19.0, 299/19.0								
No. Capacity Control Steps	4	4	4	4	4	6	8	8	8
Capacity (%)									
Ckt A	50.0	42.4	47.6	43.3	50.0	56.0	47.0	50.0	54.0
Ckt B	50.0	57.6	52.4	56.7	50.0	44.0	53.0	50.0	46.0
Minimum Capacity Step (%)	25.0	21.2	31.7	28.8	33.3	22.0	18.0	15.0	14.0
CONDENSER FANS	Propeller, Direct Drive								
Standard									
Fan Speed (rpm)	1140								
No. Blades...Dia. (in.)	4... 30								
No. Fans...Hp/kW (each)	4...1/0.746	4...1/0.746	4...1/0.746	6...1/0.746	6...1/0.746	6...1/0.746	6...1/0.746	8...1/0.746	8...1/0.746
Total Airflow (cfm)	35,000	35,000	34,000	52,000	51,000	57,000	57,000	76,000	76,000
High Static									
Fan Speed (rpm)	1740								
No. Blades...Dia. (in.)	12... 30								
No. Fans...Hp/kW (each)	4...5/3.73	4...5/3.73	4...5/3.73	6...5/3.73	6...5/3.73	6...5/3.73	6...5/3.73	8...5/3.73	8...5/3.73
Total Airflow (cfm)†	40,000	40,000	40,000	60,000	60,000	60,000	60,000	80,000	80,000
CONDENSER COILS	3/8-in. OD Vertical and Horizontal, Plate Fin, Enhanced Copper Tubing								
Fins/in.	17	17	17	17	17	17	17	17	17
No. Rows (Ckt A or B)	2	2	3	2	3	3	3	3	3
Face Area, Ckt A and B Total (sq ft)	80.5	80.5	80.5	116.7	116.7	128.3	128.3	168.0	168.0
Max Working Pressure Refrigerant (psig)	450								
COOLER	One... Direct Expansion, Shell and Tube								
Weight (empty, lb)	485	545	545	620	620	745	745	860	860
No. Refrigerant Circuits	2								
Net Water Volume, includes nozzles (gal.)	10.9	13.5	13.5	18.0	18.0	24.5	24.5	30.3	30.3
Max Working Pressure Refrigerant Side (psig)	278	278	278	278	278	278	278	278	278
Max Working Pressure Fluid Side (psig)	300	300	300	300	300	300	300	300	300
FLUID CONNECTIONS (in.)	Victaulic Type								
Inlet and Outlet	3	3	3	4	4	4	4	5	5
Drain (NPT)	3/4								

LEGEND

- Cu-Al — Copper Tubing — Aluminum Fins Condenser Coil
- Cu-Cu — Copper Tubing — Copper Fins Condenser Coil
- OD — Outside Diameter

*06E250 compressors have 4 cylinders; all others have 6.

†Based on rated external static pressure of 0.4 or 1.0 in. wg as appropriate.

NOTE: Facing the compressors, Circuit A is on the right and Circuit B is on the left.



60 Hz UNITS, ENGLISH (cont)

30GTN,GTR UNIT SIZE	130	150	170	190	210	230		
SYSTEM MODULES	—	—	—	—	—	A	B	Total
APPROX OPERATING WEIGHT (lb)								
Cu-Al	10,046	10,481	11,293	12,676	13,380	10,481	6630	17,111
Cu-Cu	11,318	11,753	12,565	14,195	14,899	11,753	7355	19,108
REFRIGERANT TYPE	R-22							
Charge, Total/Over Clear Glass (lb)								
Ckt A	133/28	143/35	153/45	178/30	190/40	143/35	78/15	—/—
Ckt B	137/28	144/35	162/45	173/30	185/40	144/35	78/15	—/—
COMPRESSORS	Reciprocating, Semi-Hermetic							
Speed (rpm)	1750							
06E* (Qty) Ckt A	(1) 275, (1) 299	(3) 265	(3) 275	(1) 265, (1) 275, (1) 299	(3) 265, (1) 275	(3) 265	(1) 250, (1) 275	—/—
(Qty) Ckt B	(1) 275, (1) 299	(2) 299	(3) 275	(1) 265, (1) 275, (1) 299	(1) 275, (2) 299	(2) 299	(1) 299	—/—
Oil Charge (Compressor/pt)	250/14.0, 265/19.0, 275/19.0, 299/19.0							
No. Capacity Control Steps	8	10	12	6	7	10	6	—
Capacity (%)								
Ckt A	50	50	50	50	50	50	56	—
Ckt B	50	50	50	50	50	50	44	—
Minimum Capacity Step (%)	14	11	11	14	12	11	22	—
CONDENSER FANS	Propeller, Direct Drive							
Standard								
Fan Speed (rpm)	1140	1140	1140	1140	1140	1140	1140	—
No. Blades...Dia. (in.)	4...30	4...30	4...30	4...30	4...30	4...30	4...30	—
No. Fans...Hp/kW (each)	10...1/0.746	10...1/0.746	10...1/0.746	12...1/0.746	12...1/0.746	10...1/0.746	6...1/0.746	16...1/0.746
Total Airflow (cfm)	100,000	100,000	100,000	120,000	120,000	100,000	57,000	157,000
High Static								
Fan Speed (rpm)	1740	1740	1740	1740	1740	1740	1740	—
No. Blades...Dia. (in.)	12...30	12...30	12...30	12...30	12...30	12...30	12...30	—
No. Fans...Hp/kW (each)	10...5/3.73	10...5/3.73	10...5/3.73	12...5/3.73	12...5/3.73	10...5/3.73	6...5/3.73	16...5/3.73
Total Airflow (cfm)†	100,000	100,000	100,000	120,000	120,000	100,000	60,000	160,000
CONDENSER COILS	¾-in. OD, Vertical and Horizontal, Plate Fin, Enhanced Copper Tubing							
Fins/in.	17	17	17	17	17	17	17	—
No. Rows (Ckt A or B)	3	3	3	3	3	3	3	—
Face Area, Ckt A and B Total (sq ft)	225.1	225.1	225.1	268.9	268.9	225.1	128.3	353.4
Max Working Pressure Refrigerant (psig)	450	450	450	450	450	450	450	—
COOLER	One...Direct Expansion, Shell and Tube				One Per Module...Direct Expansion, Shell and Tube			
Weight (empty, lb)	1320	1320	1630	1630	1865	1320	745	2065
No. Refrigerant Circuits	2	2	2	2	2	2	2	4
Net Water Volume, includes nozzles (gal.)	52.0	52.0	61.0	61.0	70.4	52.0	24.5	76.5
Max Working Pressure Refrigerant Side (psig)	278	278	278	278	278	278	278	—
Max Working Pressure Fluid Side (psig)	300	300	300	300	300	300	300	—
FLUID CONNECTIONS (in.)	Victaulic Type							
Inlet and Outlet	6	6	6	6	6	6	4	—
Drain (NPT)				¾				—

LEGEND

- Cu-Al — Copper Tubing — Aluminum Fins Condenser Coil
- Cu-Cu — Copper Tubing — Copper Fins Condenser Coil
- OD — Outside Diameter

*06E250 compressors have 4 cylinders; all others have 6.

†Based on rated external static pressure of 0.4 or 1.0 in. wg as appropriate.

NOTE: Facing the compressors, Circuit A is on the right and Circuit B is on the left.



60 Hz UNITS, ENGLISH (cont)

30GTN,GTR UNIT SIZE	245			255			270		
SYSTEM MODULES	A	B	Total	A	B	Total	A	B	Total
APPROX OPERATING WEIGHT (lb)									
Cu-Al	10,481	7015	17,496	10,481	8610	19,091	11,293	8610	19,903
Cu-Cu	11,753	7740	19,493	11,753	9560	21,313	12,565	9560	22,125
REFRIGERANT TYPE	R-22								
Charge, Total/Over Clear Glass (lb)									
Ckt A	143/35	78/15	—/—	143/35	98/20	—/—	153/45	98/20	—/—
Ckt B	144/35	78/15	—/—	144/35	105/20	—/—	162/45	105/20	—/—
COMPRESSORS	Reciprocating, Semi-Hermetic								
Speed (rpm)	1750								
06E* (Qty) Ckt A	(3) 265	(1) 265, (1) 250	—	(3) 265	(1) 265, (1) 275	—	(3) 275	(1) 265, (1) 275	—
(Qty) Ckt B	(2) 299	(2) 265	—	(2) 299	(1) 265, (1) 275	—	(3) 275	(1) 265, (1) 275	—
Oil Charge (Compressor/pt)	250/14.0, 265/19.0, 275/19.0, 299/19.0								
No. Capacity Control Steps	10	8	—	10	8	—	12	8	—
Capacity (%)									
Ckt A	50	47	—	50	50	—	50	50	—
Ckt B	50	53	—	50	50	—	50	50	—
Minimum Capacity Step (%)	11	18	—	11	15	—	11	15	—
CONDENSER FANS	Propeller, Direct Drive								
Standard									
Fan Speed (rpm)	1140	1140	—	1140	1140	—	1140	1140	—
No. Blades...Dia. (in.)	4...30	4...30	—	4...30	4...30	—	4...30	4...30	—
No. Fans...Hp/kW (each)	10...1/0.746	6...1/0.746	16...1/0.746	10...1/0.746	8...1/0.746	18...1/0.746	10...1/0.746	8...1/0.746	18...1/0.746
Total Airflow (cfm)	100,000	57,000	157,000	100,000	76,000	176,000	100,000	76,000	176,000
High Static									
Fan Speed (rpm)	1740	1740	—	1740	1740	—	1740	1740	—
No. Blades...Dia. (in.)	12...30	12...30	—	12...30	12...30	—	12...30	12...30	—
No. Fans...Hp/kW (each)	10...5/3.73	6...5/3.73	16...5/3.73	10...5/3.73	8...5/3.73	18...5/3.73	10...5/3.73	8...5/3.73	18...5/3.73
Total Airflow (cfm)†	100,000	60,000	160,000	100,000	80,000	180,000	100,000	80,000	180,000
CONDENSER COILS	%in. OD, Vertical and Horizontal, Plate Fin, Enhanced Copper Tubing								
Fins/in.	17	17	—	17	17	—	17	17	—
No. Rows (Ckt A or B)	3	3	—	3	3	—	3	3	—
Face Area, Ckt A and B Total (sq ft)	225.1	128.3	353.4	225.1	168.0	393.1	225.1	168.0	393.1
Max Working Pressure Refrigerant (psig)	450	450	—	450	450	—	450	450	—
COOLER	One Per Module... Direct Expansion, Shell and Tube								
Weight (empty, lb)	1320	745	2065	1320	860	2180	1630	860	2490
No. Refrigerant Circuits	2	2	4	2	2	4	2	2	4
Net Water Volume, includes nozzles (gal.)	52.0	24.5	76.5	52.0	30.3	82.3	61.0	30.3	91.3
Max Working Pressure Refrigerant Side (psig)	278	278	—	278	278	—	278	278	—
Max Working Pressure Fluid Side (psig)	300	300	—	300	300	—	300	300	—
FLUID CONNECTIONS (in.)	Victaulic Type								
Inlet and Outlet	6	4	—	6	5	—	6	5	—
Drain (NPT)	¾	¾	—	¾	¾	—	¾	¾	—

LEGEND

Cu-Al — Copper Tubing — Aluminum Fins Condenser Coil
Cu-Cu — Copper Tubing — Copper Fins Condenser Coil
OD — Outside Diameter

*06E250 compressors have 4 cylinders; all others have 6.

†Based on rated external static pressure of 0.4 or 1.0 in. wg as appropriate.

NOTE: Facing the compressors, Circuit A is on the right and Circuit B is on the left.



60 Hz UNITS, ENGLISH (cont)

30GTN,GTR UNIT SIZE	290			315			330		
SYSTEM MODULES	A	B	Total	A	B	Total	A	B	Total
APPROX OPERATING WEIGHT (lb)									
Cu-Al	12,676	8660	21,336	13,380	8660	22,040	11,293	11,293	22,586
Cu-Cu	14,195	9610	23,805	14,899	9610	24,509	12,565	12,565	25,130
REFRIGERANT TYPE	R-22								
Charge, Total/Over Clear Glass (lb)									
Ckt A	178/30	98/20	—/—	190/40	98/20	—/—	153/45	153/45	—/—
Ckt B	173/30	105/20	—/—	185/40	105/20	—/—	162/45	162/45	—/—
COMPRESSORS	Reciprocating, Semi-Hermetic								
Speed (rpm)	1750								
06E* (Qty) Ckt A	(1) 265, (1) 275, (1) 299	(1) 265, (1) 299	—	(3) 265, (1) 275	(1) 265, (1) 299	—	(3) 275	(3) 275	—
(Qty) Ckt B	(1) 265, (1) 275, (1) 299	(1) 265, (1) 275	—	(1) 275, (2) 299	(1) 265, (1) 275	—	(3) 275	(3) 275	—
Oil Charge (Compressor/pt)	265/19.0, 275/19.0, 299/19.0								
No. Capacity Control Steps	6	8	—	7	8	—	12	12	—
Capacity (%)									
Ckt A	50	54	—	50	54	—	50	50	—
Ckt B	50	46	—	50	46	—	50	50	—
Minimum Capacity Step (%)	14	14	—	12	14	—	11	11	—
CONDENSER FANS	Propeller, Direct Drive								
Standard									
Fan Speed (rpm)	1140	1140	—	1140	1140	—	1140	1140	—
No. Blades...Dia. (in.)	4...30	4...30	—	4...30	4...30	—	4...30	4...30	—
No. Fans...Hp/kW (each)	12...1/0.746	8...1/0.746	20...1/0.746	12...1/0.746	8...1/0.746	20...1/0.746	10...1/0.746	10...1/0.746	20...1/0.746
Total Airflow (cfm)	120,000	76,000	196,000	120,000	76,000	196,000	100,000	100,000	200,000
High Static									
Fan Speed (rpm)	1740	1740	—	1740	1740	—	1740	1740	—
No. Blades...Dia. (in.)	12...30	12...30	—	12...30	12...30	—	12...30	12...30	—
No. Fans...Hp/kW (each)	12...5/3.73	8...5/3.73	20...5/3.73	12...5/3.73	8...5/3.73	20...5/3.73	10... 5/3.73	10...5/3.73	20...5/3.73
Total Airflow (cfm)†	120,000	80,000	200,000	120,000	80,000	200,000	100,000	100,000	200,000
CONDENSER COILS	¾-in. OD, Vertical and Horizontal, Plate Fin, Enhanced Copper Tubing								
Fins/in.	17	17	—	17	17	—	17	17	—
No. Rows (Ckt A or B)	3	3	—	3	3	—	3	3	—
Face Area, Ckt A and B Total (sq ft)	268.9	168.0	436.9	268.9	168.0	436.9	225.1	225.1	450.2
Max Working Pressure Refrigerant (psig)	450	450	—	450	450	—	450	450	—
COOLER	One Per Module...Direct Expansion, Shell and Tube								
Weight (empty, lb)	1630	860	2490	1865	860	2725	1630	1630	3260
No. Refrigerant Circuits	2	2	4	2	2	4	2	2	4
Net Water Volume, includes nozzles (gal.)	61.0	30.3	91.3	70.4	30.3	100.7	61.0	61.0	122.0
Max Working Pressure Refrigerant Side (psig)	278	278	—	278	278	—	278	278	—
Max Working Pressure Fluid Side (psig)	300	300	—	300	300	—	300	300	—
FLUID CONNECTIONS (in.)	Victaulic Type								
Inlet and Outlet	6	5	—	6	5	—	6	6	—
Drain (NPT)	¾	¾	—	¾	¾	—	¾	¾	—

LEGEND

- Cu-Al — Copper Tubing — Aluminum Fins Condenser Coil
- Cu-Cu — Copper Tubing — Copper Fins Condenser Coil
- OD — Outside Diameter

*06E250 compressors have 4 cylinders; all others have 6.

†Based on rated external static pressure of 0.4 or 1.0 in. wg as appropriate.

NOTE: Facing the compressors, Circuit A is on the right and Circuit B is on the left.



60 Hz UNITS, ENGLISH (cont)

30GTN,GTR UNIT SIZE	360			390			420		
SYSTEM MODULES	A	B	Total	A	B	Total	A	B	Total
APPROX OPERATING WEIGHT (lb)									
Cu-Al	12,676	12,676	25,352	13,380	12,676	26,056	13,380	13,380	26,760
Cu-Cu	14,195	14,195	28,390	14,899	14,195	29,094	14,899	14,899	29,798
REFRIGERANT TYPE	R-22								
Charge, Total/Over Clear Glass (lb)									
Ckt A	178/30	178/30	—/—	190/40	178/30	—/—	190/40	190/40	—/—
Ckt B	173/30	173/30	—/—	185/40	173/30	—/—	185/40	185/40	—/—
COMPRESSORS	Reciprocating, Semi-Hermetic								
Speed (rpm)	1750								
06E* (Qty) Ckt A	(1) 265, (1) 275, (1) 299	(1) 265, (1) 275, (1) 299	—	(3) 265, (1) 275	(1) 265, (1) 275, (1) 299	—	(3) 265, (1) 275	(3) 265, (1) 275	—
(Qty) Ckt B	(1) 265, (1) 275, (1) 299	(1) 265, (1) 275, (1) 299	—	(1) 275, (2) 299	(1) 265, (1) 275, (1) 299	—	(1) 275, (2) 299	(1) 275, (2) 299	—
Oil Charge (Compressor/pt)	265/19.0, 275/19.0, 299/ 19.0								
No. Capacity Control Steps	6	6	—	7	6	—	7	7	—
Capacity (%)									
Ckt A	50	50	—	50	50	—	50	50	—
Ckt B	50	50	—	50	50	—	50	50	—
Minimum Capacity Step (%)	14	14	—	12	14	—	12	12	—
CONDENSER FANS	Propeller, Direct Drive								
Standard									
Fan Speed (rpm)	1140	1140	—	1140	1140	—	1140	1140	—
No. Blades...Dia. (in.)	4...30	4...30	—	4...30	4...30	—	4...30	4...30	—
No. Fans...Hp/kW (each)	12...1/0.746	12...1/0.746	24...1/0.746	12...1/0.746	12...1/0.746	24...1/0.746	12...1/0.746	12...1/0.746	24...1/0.746
Total Airflow (cfm)	120,000	120,000	240,000	120,000	120,000	240,000	120,000	120,000	240,000
High Static									
Fan Speed (rpm)	1740	1740	—	1740	1740	—	1740	1740	—
No. Blades...Dia. (in.)	12...30	12...30	—	12...30	12...30	—	12...30	12...30	—
No. Fans...Hp/kW (each)	12...5/3.73	12...5/3.73	24...5/3.73	12...5/3.73	12...5/3.73	24... 5/3.73	12...44.4	12...5/3.73	24...5/3.73
Total Airflow (cfm)†	120,000	120,000	240,000	120,000	120,000	240,000	120,000	120,000	240,000
CONDENSER COILS	3/8-in. OD, Vertical and Horizontal, Plate Fin, Enhanced Copper Tubing								
Fins/in.	17	17	—	17	17	—	17	17	—
No. Rows (Ckt A or B)	3	3	—	3	3	—	3	3	—
Face Area, Ckt A and B Total (sq ft)	268.9	268.9	537.8	268.9	268.9	537.8	268.9	268.9	537.8
Max Working Pressure Refrigerant (psig)	450	450	—	450	450	—	450	450	—
COOLER	One Per Module...Direct Expansion, Shell and Tube								
Weight (empty, lb)	1630	1630	3260	1865	1630	3495	1865	1865	3730
No. Refrigerant Circuits	2	2	4	2	2	4	2	2	4
Net Water Volume, includes nozzles (gal.)	61.0	61.0	122	70.4	61.0	131.4	70.4	70.4	140.8
Max Working Pressure Refrigerant Side (psig)	278	278	—	278	278	—	278	278	—
Max Working Pressure Fluid Side (psig)	300	300	—	300	300	—	300	300	—
FLUID CONNECTIONS (in.)	Victaulic Type								
Inlet and Outlet	6	6	—	6	6	—	6	6	—
Drain (NPT)	3/4	3/4	—	3/4	3/4	—	3/4	3/4	—

LEGEND

Cu-Al — Copper Tubing — Aluminum Fins Condenser Coil
 Cu-Cu — Copper Tubing — Copper Fins Condenser Coil
 OD — Outside Diameter

*06E250 compressors have 4 cylinders; all others have 6.

†Based on rated external static pressure of 0.4 or 1.0 in. wg as appropriate.

NOTE: Facing the compressors, Circuit A is on the right and Circuit B is on the left.





Air Conditioning

Factory Service

Follow-up Required? Yes No
 Service Sticker Already on Job? Yes No
 Service Sticker Put on Job This Call? Yes No

Service Order FS 790709	Job Number FS	Service Order Date 11/11/13	Completion Date <input type="checkbox"/> Complete (Yes)	Page 1 of 1
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Bill To:	Customer No. _____ Loc. No. _____ <input type="checkbox"/> New Customer <input type="checkbox"/> Change of Address	Customer P.O. No.	Type of Order	<input checked="" type="checkbox"/> T & M <input type="checkbox"/> Parts <input type="checkbox"/> Prod. Unit Sales <input type="checkbox"/> Contract Repair <input type="checkbox"/> Contract Inspection <input type="checkbox"/> Sold Service	<input type="checkbox"/> Centrif. Warranty Labor <input type="checkbox"/> Material Warranty <input type="checkbox"/> Field Warranty <input type="checkbox"/> Other Warranty Labor <input type="checkbox"/> Parts Trans.: To _____ <input type="checkbox"/> _____		
	Contract Number	Credit or Warranty Authorization No.		Negotiated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Salesperson Number	Mgr. Initials		Centrifugal	McQuay Other	Other	Tot. Neg. Mat'l
	Inventory Used From			Neg. Labor	Neg. Out. Serv.	Neg. Expenses	
Job Name:	VA HOSPITAL 3200 VINEST. CINTL, OH	Center Numbers	Labor Used From	Revenue Credit	Other Account	Total Negotiated Price (Put Under Subtotal)	

Seq. No.	Serial Number	Model	G.O. # or Shop Order #	Start-up Date	Operating Hours	No. of Starts	Failure Code	Responsibility Code
1	0501F60546	308TR2108620EA					X00	
2								
3								
4								

Seq. No.	Labor						Expenses			
	Date	Start	Stop	Straight Hrs.	Overtime Hrs.	Doubletime Hrs.	Transport.	Lodging	Meals	Misc.
	11/11/13	07:30	16:00	8.0						
	11/14/13	07:30	16:00	8.0						

Vehicle Expense: *120* Miles At _____ Per Mile=\$ _____ Total

Key Comments:	Seq. No.	Qty.	Material / Outside Service		Price
			Part. No. / Acct. No.	Description	
COND. CLEANING					
Comments: STRAIGHTENED WASHED CONDENSER COIL FINS & CLEANED COND. COILS WHICH ARE STILL PRETTY DIRTY FROM HISTORIC NEGLECT.					

Hourly Rate		Total Hours		Total Labor		Total Expenses	
Customer		Date		Refrigerant Services		Recovery Equip. Charge: _____ Days x _____ Cost Per Day	
Service Technician		Date		Other Equipment		Truck Charge	
VINNIE BEHREMAN		11/11/13		Hazardous Waste (Cust. Init. if Cust. Retain _____)		Subtotal	
Manager		Date		Freight		Tax	
				<input type="checkbox"/> Exempt / Negotiated Tax Quoted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Grand Total	



Air Conditioning

Factory Service

Follow-up Required? ... Yes No
Service Sticker Already on Job? ... Yes No
Service Sticker Put on Job This Call? ... Yes No

Service Order FS 790713 Job Number FS Service Order Date 11/21/13 Completion Date 11/21/13 Page 1 of 1

Bill To: Customer No. Loc. No. Contract Number Salesperson Number Mgr. Initials Negotiated? Centrifugal McQuay Other Other Tot. Neg. Mat'l

Table with columns: Seq. No., Serial Number, Model, G.O. # or Shop Order #, Start-up Date, Operating Hours, No. of Starts, Failure Code, Responsibility Code

Table with columns: Seq. No., Date, Start, Stop, Straight Hrs., Overtime Hrs., Doubletime Hrs., Transport, Lodging, Meals, Misc.

Table with columns: Key Comments, Seq. No., Qty., Part No. / Acct. No., Description, Price

Signatures section with fields for Customer, Service Technician (Vinnie Behrmann), Manager, and various charges like Refrigerant Services, Truck Charge, Freight, and Tax.

Follow-up Required? Yes No
 Service Sticker Already on Job? Yes No
 Service Sticker Put on Job This Call? Yes No

turned in after job closed - per Gary add to a job

Service Order FS 790493	Job Number FS	Service Order Date 8/26/13	Completion Date 8/26/13 <small>Complete (Yes)</small>	Page 1 of 1
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Bill To:	Customer No. _____ Loc. No. _____ <input type="checkbox"/> New Customer <input type="checkbox"/> Change of Address	Customer P.O. No.	Type of Order <input checked="" type="checkbox"/> T & M <input type="checkbox"/> Parts <input type="checkbox"/> Prod. Unit Sales <input type="checkbox"/> Contract Repair <input type="checkbox"/> Contract Inspection <input type="checkbox"/> Sold Service	<input type="checkbox"/> Centrif. Warranty Labor <input type="checkbox"/> Material Warranty <input type="checkbox"/> Field Warranty <input type="checkbox"/> Other Warranty Labor <input type="checkbox"/> Parts Trans.: To _____ <input type="checkbox"/>		
Credit or Warranty Authorization No.		Contract Number		Negotiated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salesperson Number _____ Mgr. Initials _____		Inventory Used From	Centrifugal	McQuay Other	Other	Tot. Neg. Mat'l
Job Name: VA HOSPITAL 3200 VINE ST. CENTI, OH		Labor Used From	Neg. Labor		Neg. Out. Serv.	Neg. Expenses
Revenue Credit		Other Account	Total Negotiated Price (Put Under Subtotal)			

Seq. No.	Serial Number	Model	G.O. # or Shop Order #	Start-up Date	Operating Hours	No. of Starts	Failure Code	Responsibility Code
1	0409Q18669	19XRV						
2								
3								
4								

Seq. No.	Labor						Expenses			
	Date	Start	Stop	Straight Hrs.	Overtime Hrs.	Doubletime Hrs.	Transport.	Lodging	Meals	Misc.
	8/26/13	16:00	19:00	-	3.0					
	8/27/13	7:30	13:00	5.0						

Vehicle Expense: 20 Miles At _____ Per Mile=\$ _____ Total

Hourly Rate	Total Hours	Total Labor	Total Expenses

Key Comments:	Seq. No.	Qty.	Material / Outside Service		Price
			Part. No. / Acct. No.	Description	
CH-3 PM					
AFTER CH-3 CWTUBES WERE CLEANED 2ND TIME, REASSEMBLED BOTH ENDS & CHECKED OTHER PIECES BEFORE VA MAINT. MEN COMPLETED REASSEMBLY. BROUGHT CH-3 BACK ONLINE & VERIFIED OPERATION					

Total Outside Service & Material		Refrigerant Services	
		Recovery Equip. Charge: _____ Days x _____ Cost Per Day	
		Other Equipment	
		Truck Charge	
		Hazardous Waste (Cust. Init. if Cust. Retain _____)	
		Subtotal	
		Freight	
		Tax <input type="checkbox"/> Exempt / Negotiated Tax Quoted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Grand Total	

Customer	Date
<i>[Signature]</i>	8/27/13
Service Technician	Date
Vinnie Behrmann	8/27/13
Employee No.	
Manager	Date



Air Conditioning

Factory Service

Follow-up Required? Yes No
 Service Sticker Already on Job? Yes No
 Service Sticker Put on Job This Call? Yes No

Service Order FS 789852	Job Number FS	Service Order Date 9/16/13	Completion Date 9/16/13 <small>Complete (Yes)</small>	Page 1 of 1
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Bill To: Customer No. _____ Loc. No. _____ <input type="checkbox"/> New Customer <input type="checkbox"/> Change of Address	Customer P.O. No. _____	Type of Order <input checked="" type="checkbox"/> T & M <input type="checkbox"/> Parts <input type="checkbox"/> Prod. Unit Sales <input type="checkbox"/> Contract Repair <input type="checkbox"/> Contract Inspection <input type="checkbox"/> Sold Service	<input type="checkbox"/> Centrif. Warranty Labor <input type="checkbox"/> Material Warranty <input type="checkbox"/> Field Warranty <input type="checkbox"/> Other Warranty Labor <input type="checkbox"/> Parts Trans.: To _____ <input type="checkbox"/>	
Contract Number _____	Credit or Warranty Authorization No. _____		Negotiated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Name: VA HOSPITAL 3200 VINE ST. CENTI, OH	Salesperson Number _____ Mgr. Initials _____	Inventory Used From _____	Centrifugal	McQuay Other
	Center Numbers	Labor Used From _____	Neg. Labor	Neg. Out. Serv.
		Revenue Credit _____	Neg. Expenses	
		Other Account _____	Total Negotiated Price (Put Under Subtotal)	

Seq. No.	Serial Number	Model	Co. # or Shop Order #	Start-up Date	Operating Hours	No. of Starts	Failure Code	Responsibility Code
1	0409Q18068	19XRVB566465LEM64						
2								
3								
4								

Seq. No.	Labor						Expenses			
	Date	Start	Stop	Straight Hrs.	Overtime Hrs.	Doubletime Hrs.	Transport.	Lodging	Meals	Misc.
	9/16/13	07:30	14:00	8.0						
	9/17/13	07:30	08:30	1.0						

Vehicle Expense: 20 Miles At _____ Per Mile=\$ _____ Total

Key Comments:	Seq. No.	Qty.	Material / Outside Service		Price
			Part. No. / Acct. No.	Description	
CH-2 PM WORK					
CONTINUED PM WORK IN CENTRAL PLANT. CHECKED & LOGGED RUNNING OPERATION ON ALL THREE CARRIER CHILLERS. ALSO TUNED SURGE PREV. SETUP ON CH-2 & 3 & MADE NOTES OF CHANGES. (ULTIMATELY LOWERED MIN. MOTOR SPEED ON ALL THREE CARRIER CHILLERS TO MAXIMIZE EFFICIENCY) CHECKED CH-1 FOR REFRIG. LEAKS & CLEANED UP WORK AREA. RETURNED EQUIP. TO SHOP OFFSITE.					

* NEED TO RETURN TO CONTINUE CHECKING ALL THREE CARRIER CHILLERS FOR CAUSE & REMEDY OF LOW DISC. SUPERHEAT OVERRIDE OCCURRENCES & SMALL REFRIG. LEAK ON CH-1 VFD COOLING CIRCUIT.

Customer <i>[Signature]</i> Date 09/16/2013	Service Technician VINNIE BEHRMANN Date 9/16/13 Employee No. _____	Manager Date _____	Other Charges Refrigerant Services Recovery Equip. Charge: _____ Days x _____ Cost Per Day Other Equipment Truck Charge Hazardous Waste (Cust. Init. if Cust. Retain _____)	Subtotal
			Tax <input type="checkbox"/> Exempt / Negotiated Tax Quoted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grand Total



Air Conditioning

Factory Service

Follow-up Required? Yes No
 Service Sticker Already on Job? Yes No
 Service Sticker Put on Job This Call? Yes No

Service Order FS 790497	Job Number FS	Service Order Date 9/3/13	Completion Date <input type="checkbox"/> Complete (Yes)	Page 1 of 1
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Bill To: Customer No. _____ Loc. No. _____ <input type="checkbox"/> New Customer <input type="checkbox"/> Change of Address	Customer P.O. No. _____	Type of Order <input checked="" type="checkbox"/> T & M <input type="checkbox"/> Parts <input type="checkbox"/> Prod. Unit Sales <input type="checkbox"/> Contract Repair <input type="checkbox"/> Contract Inspection <input type="checkbox"/> Sold Service	<input type="checkbox"/> Centrif. Warranty Labor <input type="checkbox"/> Material Warranty <input type="checkbox"/> Field Warranty <input type="checkbox"/> Other Warranty Labor <input type="checkbox"/> Parts Trans.: To _____ <input type="checkbox"/> _____		
Credit or Warranty Authorization No. _____	Contract Number _____		Negotiated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Name: VA HOSPITAL 3200 VINE ST. CINTI, OH	Salesperson Number _____ Mgr. Initials _____	Centrifugal	McQuay Other	Other	Tot. Neg. Mat'l
Inventory Used From _____	Labor Used From _____	Neg. Labor	Neg. Out. Serv.	Neg. Expenses	
Revenue Credit _____	Other Account _____	Total Negotiated Price (Put Under Subtotal)			

Seq. No.	Serial Number	Model	G.O. # or Shop Order #	Start-up Date	Operating Hours	No. of Starts	Failure Code	Responsibility Code
1	0409218668	19XR26560465LEH64						
2								
3								
4								

Seq. No.	Date	Start	Labor			Expenses			
			Straight Hrs.	Overtime Hrs.	Doubletime Hrs.	Transport	Lodging	Meals	Misc.
	9/3/13	7:30A	7.0						
	9/4/13	8:00A	8.0	1.0					
	9/5/13	8:00A	8.0						

Vehicle Expense: 20 Miles At _____ Per Mile-\$ _____ Total

Hourly Rate → Total Hours → Total Labor → Total Expenses →

Key Comments	Seq. No.	Qty.	Material / Outside Service		Price
			Part. No. / Acct. No.	Description	
CH-2 PM WORK BEGAN CH-2 PM → DRAINED & REMOVED COND. ENDS INCLUDING PIPING & BRUSHED CW TUBES (MANY OF WHICH WERE PARTIALLY OR COMPLETELY BLOCKED WITH STEEL CHIPS & MUD) REASSEMBLED ALL WITH NEW GASKET ON PIPING ENDS. CLEANED UP EQUIP. & WORK AREAS. TOOK OIL SAMPLE & SENT FOR ANALYSIS.	5		SGR-075	TUBE BRUSH	
	1		09XR05007003	GASKET	

Total Outside Service & Material		Refrigerant Services
Other Charges		Recovery Equip. Charge: _____ Days x _____ Cost Per Day
Customer: _____ Date: 9/5/2013		Other Equipment: TUBEMACHINE
Service Technician: VINNIE BEHREMANN Date: 9/5/13		Truck Charge
Employee No. _____		Hazardous Waste (Cust. Init. if Cust. Retain _____)
Manager: _____ Date: _____		Subtotal
Tax		Freight
Grand Total		<input type="checkbox"/> Exempt / Negotiated Tax Quoted: <input type="checkbox"/> Yes <input type="checkbox"/> No



REMIT TO: DAIKIN APPLIED
 24827 NETWORK PLACE
 Chicago IL 60673
 (ADDRESS NOT FOR OVERNIGHT MAIL)

FED. ID.: 41-0404230

DAIKIN APPLIED
 13600 Industrial Park Blvd.
 Minneapolis, MN 55441
 Phone: (763) 553-5330

BILL TO:
 Attn: Accounts Payable
 DEPARTMENT OF VETERANS AFFAIRS MEDICAL
 CENTER
 3200 VINE STREET
 Cincinnati OH 45220

SHIP TO:
 DEPARTMENT OF VETERANS
 AFFAIRS MEDICAL
 CENTER
 3200 VINE STREET
 Cincinnati OH 45220

INVOICE	
Number	2610219
Invoice Date	05-DEC-13
Purchase Order	CREDIT CARD
Service Office	Cincinnati Service
Service Order	215423
Customer No.	284928
Page	1 of 1

Terms	Due Date	Start Date	Complete Date	Ship Date	Ship Via
Net 30 Days	04-JAN-14	11-NOV-13	14-NOV-13		

Item No.	Qty	Model Number / Description	Unit Price	Extended	
<p>As of October 1, 2013 we changed our company name from MCQUAY INTERNATIONAL to DAIKIN APPLIED</p> <p>THANK YOU FOR YOUR BUSINESS. IF YOU HAVE QUESTIONS REGARDING THIS INVOICE PLEASE CONTACT (513-762-9200) S/N: VA CARRIER UNIT ADDL TIME FOR CONDENSER CLEANING.</p>					
1	1	NEGOTIATED: Negotiated;	1,882.00	1,882.00	
<p>Subject to Daikin Applied's standard terms and conditions (Form #2F-1216-REV). IF these terms and conditions are not on file, contact Daikin Applied at (763) 553-5330. Past due accounts are subject to interest charges. GSA Registration #GS-07F-0377V</p>			<p>SUBTOTAL</p> <p>1,882.00</p>	<p>TAX</p> <p>0.00</p>	<p>TOTAL</p> <p>1,882.00</p>





Factory Service

13600 Industrial Park Blvd.
 Minneapolis, MN 55441
 Phone: (763) 553-5330

REMIT TO: MCQUAY INTERNATIONAL
 24827 NETWORK PLACE
 Chicago IL 60673
 (ADDRESS NOT FOR OVERNIGHT MAIL)
 FED. ID.: 41-0404230

INVOICE	
**	
Number	2604580
Invoice Date	17-SEP-13
Purchase Order	CREDIT CARD - MIKE DUNCAN
Service Office	Cincinnati Service
Service Order	203485
Customer No.	284928
Page	1 of 1

BILL TO:
 Attn: Accounts Payable
 DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
 3200 VINE STREET
 Cincinnati OH 45220

SHIP TO:
 DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
 3200 VINE STREET
 Cincinnati OH 45220

Terms	Due Date	Start Date	Complete Date	Ship Date	Ship Via
Net 30 Days	17-OCT-13	26-AUG-13	13-SEP-13		

Item No.	Qty	Model Number / Description	Unit Price	Extended	
<p>AS OF OCTOBER 1, 2013 WE WILL BE CHANGING OUR COMPANY NAME TO DAIKIN APPLIED AMERICAS INC. and we will do business as DAIKIN APPLIED</p> <p>THANK YOU FOR YOUR BUSINESS. IF YOU HAVE QUESTIONS REGARDING THIS INVOICE PLEASE CONTACT (513-762-9200) S/N: VA CARRIER UNIT ANNUAL PM OF CHILLER #1.</p>					
1	1	NEGOTIATED: Negotiated;	2,996.00	2,996.00	
<p>Subject to McQuay International's standard terms and conditions (Form 2F-1216). If these terms and conditions are not on file, contact McQuay International at (763) 553-5330. Past due accounts are subject to interest charges.</p>			SUBTOTAL	TAX	TOTAL
			2,996.00	0.00	2,996.00





Factory Service

13600 Industrial Park Blvd.
 Minneapolis, MN 55441
 Phone: (763) 553-5330

REMIT TO: MCQUAY INTERNATIONAL
 24827 NETWORK PLACE
 Chicago IL 60673
 (ADDRESS NOT FOR OVERNIGHT MAIL)
 FED. ID.: 41-0404230

INVOICE

Number 2605111

Invoice Date 23-SEP-13

Purchase Order MIKE DUNCAN
 CREDIT CARD

Service Office Cincinnati Service

Service Order 203483

Customer No. 284928

Page 1 of 1

BILL TO:

Attn: Accounts Payable
 DEPARTMENT OF VETERANS AFFAIRS MEDICAL
 CENTER
 3200 VINE STREET
 Cincinnati OH 45220

SHIP TO:

DEPARTMENT OF VETERANS
 AFFAIRS MEDICAL
 CENTER
 3200 VINE STREET
 Cincinnati OH 45220

Terms	Due Date	Start Date	Complete Date	Ship Date	Ship Via
Net 30 Days	23-OCT-13	26-AUG-13	17-SEP-13		

Item No.	Qty	Model Number / Description	Unit Price	Extended
<p>AS OF OCTOBER 1, 2013 WE WILL BE CHANGING OUR COMPANY NAME TO DAIKIN APPLIED AMERICAS INC. and we will do business as DAIKIN APPLIED</p> <p>THANK YOU FOR YOUR BUSINESS. IF YOU HAVE QUESTIONS REGARDING THIS INVOICE PLEASE CONTACT (513-762-9200) S/N: VA CARRIER UNIT ANNUAL PM OF CARRIER CHILLER #2.</p>				
1	1	NEGOTIATED: Negotiated;	2,996.00	2,996.00

Subject to McQuay International's standard terms and conditions (Form 2F-1216). If these terms and conditions are not on file, contact McQuay International at (763) 553-5330. Past due accounts are subject to interest charges.	SUBTOTAL	TAX	TOTAL
	2,996.00	0.00	2,996.00





Factory Service

13600 Industrial Park Blvd.
 Minneapolis, MN 55441
 Phone: (763) 553-5330

REMIT TO: MCQUAY INTERNATIONAL
 24827 NETWORK PLACE
 Chicago IL 60673
 (ADDRESS NOT FOR OVERNIGHT MAIL)
 FED. ID.: 41-0404230

INVOICE	
Number	2602970
Invoice Date	28-AUG-13
Purchase Order	MIKE DUNCAN CREDIT CARD
Service Office	Cincinnati Service
Service Order	201997
Customer No.	284928
Page	1 of 1

BILL TO:

Attn: Accounts Payable
 DEPARTMENT OF VETERANS AFFAIRS MEDICAL
 CENTER
 3200 VINE STREET
 Cincinnati OH 45220

SHIP TO:

DEPARTMENT OF VETERANS
 AFFAIRS MEDICAL
 CENTER
 3200 VINE STREET
 Cincinnati OH 45220

Terms	Due Date	Start Date	Complete Date	Ship Date	Ship Via
Net 30 Days	27-SEP-13	19-AUG-13	21-AUG-13		

Item No.	Qty	Model Number / Description	Unit Price	Extended
THANK YOU FOR YOUR BUSINESS. IF YOU HAVE QUESTIONS REGARDING THIS INVOICE PLEASE CONTACT (513-762-9200) S/N: VA CARRIER UNIT PREVENTATIVE MAINTENANCE ON CARRIER CHILLER PER PROPOSAL SRGH72313.				
1	1	NEGOTIATED: Negotiated;	2,306.00	2,306.00

sent to cc info
 to Trista to
 process pymt.

Subject to McQuay International's standard terms and conditions (Form 2F-1216). If these terms and conditions are not on file, contact McQuay International at (763) 553-5330. Past due accounts are subject to interest charges.

SUBTOTAL	TAX	TOTAL
2,306.00	0.00	2,306.00



Air Conditioning

Factory Service

Follow-up Required? Yes No
 Service Sticker Already on Job? Yes No
 Service Sticker Put on Job This Call? Yes No

Service Order FS 790490	Job Number FS	Service Order Date 8/19/13	Completion Date <input type="checkbox"/> Complete (Yes)	Page 1 of 1
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Bill To: Customer No. _____ Loc. No. _____ <input type="checkbox"/> New Customer <input type="checkbox"/> Change of Address	Customer P.O. No.	Type of Order <input checked="" type="checkbox"/> T & M <input type="checkbox"/> Parts <input type="checkbox"/> Prod. Unit Sales <input type="checkbox"/> Contract Repair <input type="checkbox"/> Contract Inspection <input type="checkbox"/> Sold Service	<input type="checkbox"/> Centrif. Warranty Labor <input type="checkbox"/> Material Warranty <input type="checkbox"/> Field Warranty <input type="checkbox"/> Other Warranty Labor <input type="checkbox"/> Parts Trans.: To _____ <input type="checkbox"/>		
Contract Number	Credit or Warranty Authorization No.		Negotiated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Name: VA HOSPITAL 3200 VINE ST. CINTI, OH	Salesperson Number _____ Mgr. Initials _____	Centrifugal	McQuay Other	Other	Tot. Neg. Mat'l
Center Numbers	Inventory Used From	Neg. Labor		Neg. Out. Serv.	Neg. Expenses
	Labor Used From	Total Negotiated Price (Put Under Subtotal)			
	Revenue Credit				
	Other Account				

Seq. No.	Serial Number	Model	Q.O.# or Shop Order #	Start-up Date	Operating Hours	No. of Starts	Failure Code	Responsibility Code
1	0409R18669	19XRV6566465LEH64						
2								
3								
4								

Seq. No.	Labor						Expenses			
	Date	Start	Stop	Straight Hrs.	Overtime Hrs.	Doubletime Hrs.	Transport.	Lodging	Meals	Misc.
	8/19/13	7:30	4:00	7.0						
	8/20/13	7:30	4:00	8.0						
	8/21/13	7:30	4:00	8.0						
							Vehicle Expense: \$1100	Miles At 60	Per Mile=\$	Total
	Hourly Rate		Total Hours				Total Labor		Total Expenses	

Key Comments:	Seq. No.	Qty.	Material / Outside Service		Price / Price / lb
			Part No. / Acct. No.	Description	
CH-3 PM WORK SET UP EQUIP & BEGAN PM WORK ON CH-3 (CARRIER) RULED END & BRUSHED CW TUBES, TOOK OIL SAMPLE & SENT FOR ANALYSIS / CHECKED FOR REFRIG. LEAKS, ALSO RECOVERED 125# R-134A FROM CH-2 TO CHECK OUT FOR CAUSE OF NUISANCE LOW DISC. SHEAT ALERTS. WAS UNABLE TO DO RUNNING CHECK AT THIS TIME -> FOUND LARGE AMT. OF DEBRIS IN RCW CONNECTION ON PIPING END OF CONDENSER.	8		BRU00169	TUBE BRUSH	979892

Signatures	Customer _____ Date 8/23/13	Other Charges Refrigerant Services Recovery Equip. Charge: _____ Days x _____ Cost Per Day Other Equipment TUBE MACHINE Truck Charge Hazardous Waste (Cust. Init. if Cust. Retain _____) Subtotal
	Service Technician V. Dan _____ Date 8/23/13	
	Employee No. _____	
	Manager _____ Date _____	
	Tax <input type="checkbox"/> Exempt / Negotiated Tax Quoted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grand Total		

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Cincinnati VAMC	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ Government	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) 3200 Vine St City, state, and ZIP code Cincinnati, OH 45220	Requester's name and address (optional)
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
Employer identification number								
3	1	-	0	5	4	2	3	9

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 8/15/14
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.