



180 S. Main St. P.O. Box 456 Manchester, PA 17345  
 Phone #: (717) 266-8800 Fax #: (717) 266-8802  
 www.tchevy.com

INVOICE ORIGINAL  
 Work Order  
 #44454  
 October 25, 2010  
 Svc.Adv Moyer, Hanoch  
 Cust.Ph. (717) 292-3634  
 Tag# 538

Page 2 of 2  
 10/27/2010 09:20:15

Case: 4 Cust states the hood release is sticking takes two ppl to open the hood

Quantity	Description/Correction	Price	Total
	Cust states the hood release is sticking takes two ppl to open the hood adjsut and lube cable assy Completed by Technician number: 5	\$50.61	\$50.61

Misc	\$0.00	Labor	\$50.61	Parts	\$0.00	Prepaid Parts Amt:	\$0.00	Case Total:	\$50.61
									\$0.00

O U T	Indebtedness is hereby acknowledged for the "Total Charges" being all or the balance owing to repairs, parts & accessories described in this work order.		Currency:	Labor:	\$253.74
			Payment Ref:	Parts:	\$196.45
			Expiry Date:	Misc:	\$0.00
			P/O#:	Sub Total:	\$450.19
				Tax:	\$0.00
10/27/2010	Signature	Payment Type	Total:	\$450.19	

# PURCHASE ORDER

SEND INVOICES TO:

**DOVER TOWNSHIP OFFICE**

2480 W. CANAL ROAD  
DOVER, PA 17315

PHONE: (717) 292-3634      FAX: (717) 292-1136

PURCHASE ORDER NO. 4563

DEPARTMENT WWTP

DATE 6-30-10

INVOICE, CORRESPONDENCE, SHIPPING PAPERS AND ALL PACKAGES MUST REFERENCE P.O. NUMBER.

**VENDOR**

*Crossroads Service Center  
6603 DAVENSBURG ROAD  
EAST BUCKLEW, PA 17316*

**SHIP TO**

**DOVER TOWNSHIP WASTEWATER TREATMENT PLANT**  
851 GRAFFIUS ROAD  
YORK, PA 17404-9756  
  
PHONE (717) 292-4911

PLEASE SHIP THE FOLLOWING AS SPECIFIED

SHIP VIA	FOB	TERMS	EXPENSE CENTER/ACCT. NO.	PRICE EXTENSIONS
			<i>40429.33</i>	

ITEM	QUANTITY ORDERED	DESCRIPTION	DATE REQUIRED	UNIT OF COUNT	UNIT PRICE	TOTAL AMOUNT
		<i>TRUCK 33</i>				
		<i>1998 GMC S10 PICKUP</i>				
		<i>- EMISSIONS</i>				<i>15.00</i>
		<i>- PA STATE SMITH INSULATION MANUAL</i>				<i>22.00</i>

<p><b>RECOMMENDED VENDOR/SPECIAL INSTRUCTIONS</b></p>	<p><b>CONFIRMING PHONE ORDER</b></p> <p>OF (DATE) _____</p> <p>FROM _____</p> <p>TO _____</p> <p style="text-align: center;"><b>DO NOT DUPLICATE</b></p> <p><b>TAX STATUS:</b></p> <p>GOVERNMENT/MUNICIPALITY TAX EXEMPT</p>
---	--

ESTIMATED TOTAL COST >	
ACTUAL TOTAL COST >	<i>37.00</i>
APPROVAL SIGNATURE >	<i>[Signature]</i>
TITLE >	<i>Asst. Supt.</i>
DATE >	<i>6-30-10</i>

Qty	Description	Price	Amount
	Emission mileage exemption	15.00	
	Safety insp	22.00	
	TOTAL MATERIALS		

*PO# 4563*

*OK, AOB*

*6/30/10*

*TRUCK 33*

## SERVICE ORDER



DATE 7/1/10

NAME *Dover Township*

ADDRESS *2480 W Canal Rd*

CITY, ST ZIP *Dover*

PHONE

MAKE *98 Chevy* MODEL *5-10*

VIN# *1GCCC194LWKZ64050*

NATURE OF SERVICE

Brakes:		Tires:	
LF	<i>5/32R</i>	RR	<i>3/32R</i>
RF	<i>LR</i>	LF	<i>11/32 RR8/32</i>
		RF	<i>11/32 LR8/32</i>

TOTAL MATERIALS	<i>37</i>	<i>00</i>
TAX	<i>exempt</i>	
CASH TOTAL	<i>37</i>	<i>00</i>

Qty	Description	Price	Amount
	Emission mileage exemption		15 00
	Safety insp		20 00
	PO# 4307 23		
	TRUCK		
	7/21/09		
	OK, ACB		
	* STATE INSPECTION		
	- 1/2 EMISSIONS		
	TOTAL MATERIALS		

## SERVICE ORDER



DATE 7/21/09

NAME	Dover Township
ADDRESS	2480 W. Carol
CITY, ST ZIP	Dover
PHONE	

MAKE	98 Chevy	MODEL	S-10
VIN#	1GCCS1946WK264050		

NATURE OF SERVICE

PA Emission & Safety Insp  
mileage 24457-26164

Brakes:		Tires:	
LF	RR	LF 9/32	RR 11/32
RF 5/32R	LR 3/32R	RF 9/32	LR 14/32

TOTAL MATERIALS	35	00
TAX	exempt	
CASH TOTAL	35	00

# PURCHASE ORDER

SEND INVOICES TO:

**DOVER TOWNSHIP OFFICE**

2480 W. CANAL ROAD  
DOVER, PA 17315

PHONE: (717) 292-3634      FAX: (717) 292-1136

PURCHASE ORDER NO. 4307

DEPARTMENT WWTF

DATE 7-21-09

INVOICE, CORRESPONDENCE, SHIPPING PAPERS  
AND ALL PACKAGES MUST REFERENCE P.O.  
NUMBER.

**VENDOR**

CROSSROADS GARAGE

**SHIP TO**

**DOVER TOWNSHIP WASTEWATER  
TREATMENT PLANT**  
 851 GRAFFIUS ROAD  
 YORK, PA 17404-9756  
  
 PHONE (717) 292-4911

PLEASE SHIP THE FOLLOWING AS SPECIFIED

SHIP VIA	FOB	TERMS	EXPENSE CENTER/ACCT. NO. <u>40429.33</u>	PRICE EXTENSIONS
----------	-----	-------	---	------------------

ITEM	QUANTITY ORDERED	DESCRIPTION	DATE REQUIRED	UNIT OF COUNT	UNIT PRICE	TOTAL AMOUNT
		TRUCK #33				
		2x4 510 EXTENDED CAB				
		STATE SAFETY INSPECTION				20.00
		AND EMISSIONS				15.00

<p><b>RECOMMENDED VENDOR/SPECIAL INSTRUCTIONS</b></p> <p style="font-family: cursive; font-size: 1.2em;">All OK w/ Town NO WORK NEEDED</p>	<p><b>CONFIRMING PHONE ORDER</b></p> <p>OF (DATE) _____</p> <p>FROM _____</p> <p>TO _____</p> <p style="text-align: center;"><b>DO NOT DUPLICATE</b></p> <p><b>TAX STATUS:</b></p> <p>GOVERNMENT/MUNICIPALITY TAX EXEMPT</p>
--	--

ESTIMATED TOTAL COST >	
ACTUAL TOTAL COST >	35.00
APPROVAL SIGNATURE >	7-21-09
TITLE >	ASST. CONT.
DATE >	7-21-09

# PURCHASE ORDER

SEND INVOICES TO:

**DOVER TOWNSHIP OFFICE**

2480 W. CANAL ROAD  
DOVER, PA 17315

PHONE: (717) 292-3634      FAX: (717) 292-1136

PURCHASE ORDER NO.   NS  4307  

DEPARTMENT   WWTF  

DATE   7-21-09  

INVOICE, CORRESPONDENCE, SHIPPING PAPERS AND ALL PACKAGES MUST REFERENCE P.O. NUMBER.

**VENDOR**

CROSSROADS GARAGE

**SHIP TO**

**DOVER TOWNSHIP WASTEWATER TREATMENT PLANT**  
 851 GRAFFIUS ROAD  
 YORK, PA 17404-9756  
  
 PHONE (717) 292-4911

PLEASE SHIP THE FOLLOWING AS SPECIFIED

SHIP VIA	FOB	TERMS	EXPENSE CENTER/ACCT. NO. <span style="font-size: 1.2em;">40429.33</span>	PRICE EXTENSIONS
----------	-----	-------	---	------------------

ITEM	QUANTITY ORDERED	DESCRIPTION	DATE REQUIRED	UNIT OF COUNT	UNIT PRICE	TOTAL AMOUNT
		TRUCK #33	TRUCK			
		2x4 5-10 EXTENDED CAB				
		STATE SAFETY AND EMISSIONS	INSPECTION			20.00
						19.00

<p><b>RECOMMENDED VENDOR/SPECIAL INSTRUCTIONS</b></p> <p style="font-size: 1.5em;">All OK w/ Truck NO WORK NEEDED</p>	<p><b>CONFIRMING PHONE ORDER</b></p> <p>OF (DATE) _____</p> <p>FROM _____</p> <p>TO _____</p> <p style="text-align: center;"><b>DO NOT DUPLICATE</b></p> <p><b>TAX STATUS:</b></p> <p>GOVERNMENT/MUNICIPALITY TAX EXEMPT</p>
---	--

<b>ESTIMATED TOTAL COST &gt;</b>	
<b>ACTUAL TOTAL COST &gt;</b>	35.00
<b>APPROVAL SIGNATURE &gt;</b>	7-21-09
<b>TITLE &gt;</b>	ASST. Supt.
<b>DATE &gt;</b>	7-21-09

Qty	Description	Price	Amount
	Emission mileage exemption		15 00
	Safety insp		20 00
	PO# 4307 33		
	TRUCK		
	OK, ACB		
	* STATE INSPECTION		
	- 1/2 EMISSIONS		
	TOTAL MATERIALS		

**SERVICE ORDER**



DATE 7/21/09

NAME	Dover Township
ADDRESS	2480 W. Carol
CITY, ST ZIP	Dover
PHONE	

MAKE	98 Chevy	MODEL	S-10
VIN#	1GCCS1946WK264050		

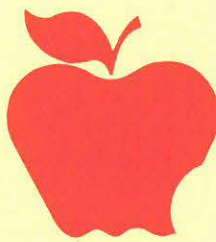
NATURE OF SERVICE  
 PA EMISSION & Safety Insp  
 Mileage 24457-26164

Brakes:		Tires:	
LF	RR	LF 9/32	RR 11/32
RF 5/32R	LR 3/32R	RF 9/32	LR 14/32

TOTAL MATERIALS	35	00
TAX	exempt	
<b>CASH TOTAL</b>	<b>35</b>	<b>00</b>



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X

----- INVOICE TO -----		----- DRIVER/OWNER INFORMATION -- INVOICE: C13529 -----				
DOVER TOWNSHIP 2480 W CANAL RD DOVER PA 17315 CELL: (717) 577-1186 HOME: (717) 292-3634		DOVER TOWNSHIP 2480 W CANAL RD DOVER PA 17315 CELL: (717) 577-1186 HOME: (717) 292-3634				
----- FOR OFFICE USE -----		----- VEHICLE INFORMATION -----				
ADV: 029 LEE III, INVOICE: PRELIM CUS C AL TAX RULES: YYINN INVOICED: 01/02/2009 14:25:31 ODMETER IN: 25082 OUT: 25083 DATES BEGIN: 12/31/08 DONE: 01/02/09		VIN 1GCCS1946WK264050 LICENSE NUMBER: PA 76672MG 98 CHEVROLET S10 PICKUP XCAB WHITE DATES INSERVICE: 093098				
CONCERN 24 COURTESY CAR WASH		OPERATION	TECH	AMOUNT		
CORRECTION COURTESY CAR WASH		CCW	284	.00		
COMMENT COURTESY CAR WASH						
PART NUMBER		PO#	NOTE	DESCRIPTION	QTY	SELL
FACTORY TECH: 284 - LANDIS, SANDY			WASH1	COURTESY WASH	1	
TYPE: C		----- SUBTOTAL -----				
		TOTAL CHARGE FOR CONCERN		.00		
CONCERN 51 CUSTOMER STATES RADIATOR CAP WAS LEFT OFF ON PREVIOUS VISIT AND SINCE THEN SES LIGHT I S ON.		OPERATION	TECH	AMOUNT		
CAUSE AIR INTKAE TEMPERATURE SENSOR FAILED INTERNALLY		INTAKE	531	58.49		
CORRECTION CHECKED AND FOUND AIR INTAKE TEMPERATURE SENSOR FAILED INTERNALLY, REMOVED AND REPLACED AIR INTAKE TEMPERATURE SENSOR.			712	58.49		
COMMENT TECH 712 LEFT COOLANT CAP OFF.						
PART NUMBER		PO#	NOTE	DESCRIPTION	QTY	SELL
000 012160244				SENSOR AS	1	16.37
FACTORY TECH: 531 - GLADFELTER, RON						
TECH: 712 - ALTLAND, THOMAS						
TYPE: CWD		----- SUBTOTAL -----				
		PARTS		16.37		
		258 CHARGE TO		67D 16.37		
		TOTAL CHARGE FOR CONCERN		.00		

THIS FORM PRINTED ON PREMIUM CARBONLESS, RECYCLABLE PAPER

ON LINE SERVICE INVOICING BY

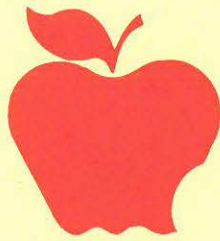
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X *Tom Holman*

----- INVOICE TO ----- DOVER TOWNSHIP ----- DRIVER/OWNER INFORMATION -- INVOICE: C13529  
DOVER TOWNSHIP  
----- FOR OFFICE USE ----- VEHICLE INFORMATION -----  
ADV: 029 LEE III, INVOICED: 01/02/2009 14:25:31 AL 98 S10 PICKUP WHITE LICENSE NUMBER: PA 76672MD

----- GRAND TOTALS -----

SUMMARY OF CHARGES FOR INVOICE C13529

PARTS		16.37
258 CHARGE TO	670	16.37-
TOTAL CHARGE		.00

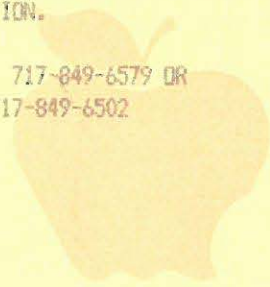
PAYMENT DISTRIBUTION FOR INVOICE C13529

CASH DUE	.00
TOTAL CHARGE	.00

IT IS OUR GOAL THAT YOU ARE COMPLETELY SATISFIED AND WOULD DEFINITELY RECOMMEND OUR SERVICE IF ASKED. PLEASE LET US KNOW WHAT WE CAN DO TO ENSURE YOUR COMPLETE SATISFACTION.

THANK YOU

SANDY LANDIS (SERVICE MANAGER) 717-849-6579 OR  
STEVE BALL (GENERAL MANAGER) 717-849-6502



**APPLE**  
SERVICE

PAGE 2  
LAST PAGE

# PURCHASE ORDER

SEND INVOICES TO:

**DOVER TOWNSHIP OFFICE**  
 2480 W. CANAL ROAD  
 DOVER, PA 17315

PHONE: (717) 292-3634    FAX: (717) 292-1136

PURCHASE ORDER NO. NE 4138

DEPARTMENT WWTP

DATE 12-10-08

INVOICE, CORRESPONDENCE, SHIPPING PAPERS  
 AND ALL PACKAGES MUST REFERENCE P.O.  
 NUMBER.

VENDOR

APPLE CORK

SHIP TO

**DOVER TOWNSHIP WASTEWATER  
 TREATMENT PLANT**  
 851 GRAFFIUS ROAD  
 YORK, PA 17404-9756

PHONE (717) 292-4911

PLEASE SHIP THE FOLLOWING AS SPECIFIED

SHIP VIA	FOB	TERMS	EXPENSE CENTER/ACCT. NO. <span style="font-size: 1.5em; color: red;">40429.33</span>	PRICE EXTENSIONS
----------	-----	-------	---	------------------

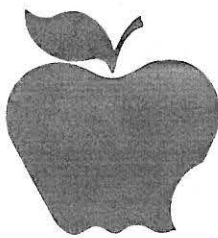
ITEM	QUANTITY ORDERED	DESCRIPTION	DATE REQUIRED	UNIT OF COUNT	UNIT PRICE	TOTAL AMOUNT
		BAD VIBRATION FROM DRIVE TRAIN. DIAGNOSE & REPAIR				

<p>RECOMMENDED VENDOR/SPECIAL INSTRUCTIONS</p>	<p style="text-align: center;"><b>CONFIRMING PHONE ORDER</b></p> <p>OF (DATE) _____</p> <p>FROM _____</p> <p>TO _____</p> <p style="text-align: center;"><b>DO NOT DUPLICATE</b></p> <p>TAX STATUS: GOVERNMENT/MUNICIPALITY TAX EXEMPT</p>
--	--

ESTIMATED TOTAL COST >	400.00
ACTUAL TOTAL COST >	
APPROVAL SIGNATURE >	Arthur Red
TITLE >	Asst. Supt.
DATE >	12-10-08



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(717) 244-4036 • (877) 705-8122  
FAX (717) 246-8818

# SERVICE



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RED LION, PA 17356  
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FAX (717) 244-1253



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X *Anthony Bon 12-17-2008*

INVOICE TO: DOVER TOWNSHIP  
DRIVER/OWNER INFORMATION: DOVER TOWNSHIP INVOICE: C11775  
FOR OFFICE USE  
ADV: 029 LEE III, INVOICED: 12/12/2008 15:31:56 AL 98 510 PICKUP WHITE LICENSE NUMBER: PA 76672MG

CONCERN 51 CUSTOMER STATES MOTOR IS MAKING A RUBBLE TYPE NOISE.  
CAUSE FAN CLUTCH IS MAKING NOISE  
CORRECTION CHECKED AND FOUND FAN CLUTCH IS MAKING NOISE, REMOVED AND REPLACED FAN CLUTCH

OPERATION	TECH	AMOUNT
CLUTCH	712	167.94

PART NUMBER	PO#	NOTE	DESCRIPTION	QTY	SELL	
000 015723124		NSTK	*CLUTCH	1	140.76	140.76
000 010121502			RETAINER-	1	.54	.54

FACTORY TECH: 712 - ALTLAND, THOMAS

SUBTOTAL	
PARTS	141.30
LABOR-MECHANICAL	167.94
TOTAL CHARGE FOR CONCERN	309.24

TYPE: C

## GRAND TOTALS

SUMMARY OF CHARGES FOR INVOICE C11775

PARTS	208.71
LABOR-MECHANICAL	277.89
SUB-TOTAL	486.60
TAX	29.20
TOTAL CHARGE	515.80

PAYMENT DISTRIBUTION FOR INVOICE C11775

TOTAL CHARGE	515.80
CASH DUE	515.80

IT IS OUR GOAL THAT YOU ARE COMPLETELY SATISFIED AND WOULD DEFINITELY RECOMMEND OUR SERVICE IF ASKED. PLEASE LET US KNOW WHAT WE CAN DO TO ENSURE YOUR COMPLETE SATISFACTION.

THANK YOU  
SANDY LANDIS (SERVICE MANAGER) 717-849-6579 OR  
STEVE BALL (GENERAL MANAGER) 717-849-6502

*PO# 4138*

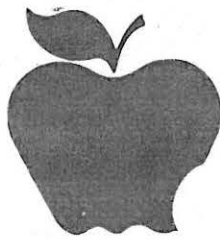
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FAX (717) 244-1253



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**HONDA**

1212 LOUCKS ROAD  
YORK, PA 17404  
(717) 848-2600  
(800) 960-9041



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X

INVOICE TO

DOVER TOWNSHIP  
2480 W CANAL RD  
DOVER PA 17315  
CELL: (717) 577-1186 HOME: (717) 292-3634

DRIVER/OWNER INFORMATION -- INVOICE: C11775

DOVER TOWNSHIP  
2480 W CANAL RD  
DOVER PA 17315  
CELL: (717) 577-1186 HOME: (717) 292-3634

FOR OFFICE USE

ADV: 029 LEE III, INVOICE: PRELIM CUS C AL  
TAX RULES: YYINN INVOICED: 12/12/2008 15:31:56  
ODOMETER IN: 25029 OUT: 25030 DIST: GMT  
DATES BEGIN: 12/11/08 DONE: 12/12/08

VEHICLE INFORMATION

VIN 1GCCS1946MK264050 LICENSE NUMBER: PA 76672MG  
98 CHEVROLET S10 PICKUP XCAB WHITE  
DATES INSERVICE: 093098

CONCERN	DESCRIPTION	OPERATION	TECH	AMOUNT
24	FREE 27 POINT CHECK	27POINT	712	* .00
CORRECTION GM GOODWRENCH MULTI POINT VEHICLE INSPECTION				
FACTORY TECH: 712 - ALTLAND, THOMAS				
SUBTOTAL				.00
TOTAL CHARGE FOR CONCERN				.00

CONCERN	DESCRIPTION	OPERATION	TECH	AMOUNT
25	COURTESY CAR WASH	CCW	284	.00
CORRECTION COURTESY CAR WASH				
COMMENT COURTESY CAR WASH				
PART NUMBER PO# NOTE DESCRIPTION QTY SELL				
WASH1 WASH1 COURTESY WASH 1				
FACTORY TECH: 284 - LANDIS, SANDY				
SUBTOTAL				.00
TOTAL CHARGE FOR CONCERN				.00

CONCERN	DESCRIPTION	OPERATION	TECH	AMOUNT
26*	COOLING FLUSH (1 GAL)	CF	712	* 109.95
CORRECTION PERFORMED COOLANT FLUSH				
COMMENT PERFORM COOLING FLUSH (1 GAL)				
PART NUMBER PO# NOTE DESCRIPTION QTY SELL				
000 000001161 2 PK RAD FLUSH KIT 1				
000 00DEXCOOL DEXCOOL ANTI 2				
FACTORY TECH: 712 - ALTLAND, THOMAS				
SUBTOTAL				67.41
PARTS				67.41
LABOR-MECHANICAL				109.95
TOTAL CHARGE FOR CONCERN				177.36

TYPE: C

THIS FORM PRINTED ON PREMIUM CARBONLESS, RECYCLABLE PAPER

ON LINE SERVICE INVOICING BY UCS

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TO REORDER FORMS OR SUPPLIES CALL 1-800-989-6346 EXT 76214

## MULTI-POINT VEHICLE INSPECTION

Name: \_\_\_\_\_ Year/Model: \_\_\_\_\_ Date: \_\_\_\_\_

Repair Order #: \_\_\_\_\_ VIN (last 8 digits): \_\_\_\_\_ Odometer: \_\_\_\_\_ MI: \_\_\_\_\_ MII: \_\_\_\_\_

**Checked and OK**     **May Require Attention Soon**     **Requires Immediate Attention**

### INTERIOR

Subscription activated by GM

Remaining engine oil life: \_\_\_\_\_ %    Reset: \_\_\_\_\_ N/A: \_\_\_\_\_  
 Air Conditioning Performance

WIPER BLADES	CHECK TIRES AND TREAD DEPTH (Check body condition)	CHECK BATTERY
 LF <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> RF <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Cracks _____ Chips _____	 (Check lamps) <b>Lowest Tread Depth:</b> _____ /32 <input type="checkbox"/> Rotation needed <input type="checkbox"/> Alignment needed <input type="checkbox"/> Rotation performed <input type="checkbox"/> Alignment performed Wear Pattern/Damage	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Battery condition <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Battery cables and connections

CHECK FLUID LEVELS	CHECK BRAKES/MEASURE FRONT AND REAR LININGS																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OK</th> <th>FILLED</th> <th>REQUIRES ATTENTION</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/> Engine oil</td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/> Brake fluid reservoir</td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/> Transmission (if equipped w/dipstick)</td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/> Coolant recovery reservoir</td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/> Power steering</td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/> Windshield washer</td><td><input type="checkbox"/></td></tr> </tbody> </table>	OK	FILLED	REQUIRES ATTENTION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Engine oil	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Brake fluid reservoir	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Transmission (if equipped w/dipstick)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Coolant recovery reservoir	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Power steering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Windshield washer	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="vertical-align: top;">           LF <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>            LR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </td> <td style="vertical-align: top;">           7 mm (9/32) or greater            6 mm (8/32) to 4 mm (5/32)            3 mm (4/32) or less            4 mm (5/32) or greater            3 mm (4/32)            2 mm (3/32) or less         </td> <td style="vertical-align: top;">           RF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            RR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </td> </tr> <tr> <td colspan="3">           Lowest Front Lining _____    Lowest Rear Lining _____  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Brake system (also including lines, hoses and parking brake)         </td> </tr> </tbody> </table>	LF <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> LR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	7 mm (9/32) or greater 6 mm (8/32) to 4 mm (5/32) 3 mm (4/32) or less 4 mm (5/32) or greater 3 mm (4/32) 2 mm (3/32) or less	RF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Lowest Front Lining _____    Lowest Rear Lining _____ <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Brake system (also including lines, hoses and parking brake)		
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ADDITIONAL CHECKS	Additional Recommended Services
<b>Inspect for visible leaks:</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Fuel system (also including gas cap seating) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Engine, transmission, drive axle, transfer case <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Engine cooling system <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Shocks and struts – also check operation <b>Inspect visual condition:</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Belts: engine, accessory, serpentine, and/or V-drive <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Hoses: engine, power steering and HVAC <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Engine air filter and cabin air filters <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Steering components and steering linkage <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> CV drive axle boots or driveshafts and U-joints <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Exhaust system components	1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____ 7) _____ 8) _____ Service Consultant: _____ Technician: _____ No.: _____

## SIMPLIFIED MAINTENANCE

MI  Required     Performed

MII  Required     Performed

# PURCHASE ORDER

SEND INVOICES TO:

**DOVER TOWNSHIP OFFICE**

2480 W. CANAL ROAD  
DOVER, PA 17315

PHONE: (717) 292-3634      FAX: (717) 292-1136

PURCHASE ORDER NO. 4119

DEPARTMENT WWTF

DATE 10-21-2008

INVOICE, CORRESPONDENCE, SHIPPING PAPERS AND ALL PACKAGES MUST REFERENCE P.O. NUMBER.

**VENDOR**

*TRACTOR SUPPLY  
901 Lewis Road  
York, PA 17404*

**SHIP TO**

**DOVER TOWNSHIP WASTEWATER TREATMENT PLANT**  
851 GRAFFIUS ROAD  
YORK, PA 17404-9756  
PHONE (717) 292-4911

PLEASE SHIP THE FOLLOWING AS SPECIFIED

SHIP VIA	FOB	TERMS	EXPENSE CENTER/ACCT. NO. <i>40427.33</i>	PRICE EXTENSIONS
----------	-----	-------	---	------------------

ITEM	QUANTITY ORDERED	DESCRIPTION	DATE REQUIRED	UNIT OF COUNT	UNIT PRICE	TOTAL AMOUNT
1	1	<i>2"x2" Receiver Mount Pipes Mount For Truck 67</i>				<i>74.19</i>
2	2	<i>Moving Dolly 1080 lbs Capacity (moving curbs, manholes, covers to cover)</i>			<i>25.99</i>	<i>51.98</i>
3	1	<i>CLASS 3 RECEIVER FOR TRUCK 33 (to mount dolly 1080 lbs)</i>			<i>41.00</i>	<i>154.11</i>

<p>RECOMMENDED VENDOR/SPECIAL INSTRUCTIONS</p>	<p>CONFIRMING PHONE ORDER OF (DATE) _____</p> <p>FROM _____</p> <p>TO _____</p> <p style="text-align: center;"><b>DO NOT DUPLICATE</b></p> <p>TAX STATUS: GOVERNMENT/MUNICIPALITY TAX EXEMPT</p>
--	--

ESTIMATED TOTAL COST >	<i>254.17</i>
ACTUAL TOTAL COST >	
APPROVAL SIGNATURE >	<i>[Signature]</i>
TITLE >	<i>Asst. Supv</i>
DATE >	<i>10-21-08</i>



TSC TEAM MEMBER TO COMPLETE

REMIT TSC BUSINESS ACCOUNT  
 PAYMENTS TO:  
 TRACTOR SUPPLY COMPANY  
 P.O. Box 9020  
 Des Moines, IA 50368-9020  
 Please include 16 Digit Account Number  
 (6035 301# #### ####)

PO# 4119  
 Tractor Supply Company  
 901 Loucks Road  
 York, PA 17404  
 (717) 845-8200

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

DOVER TOWNSHIP  
 2480 W CANAL RD  
 DOVER PA 173153410  
 (717) 292-3634

234 234000223 3 1757867  
 10/21/2008 11:48am

**CUSTOMER TO COMPLETE**

**CERTIFICATE OF EXEMPTION:**  
 The undersigned certifies compliance with the agricultural sales tax exemption law of the state indicated below and understands and agrees with the General Exemption Statement at right and the applicable statement of the respective state printed on the reverse side of this form.

**GENERAL EXEMPTION STATEMENT:**  
 The undersigned party certifies their exemption from payment of sales and use tax on tangible personal property as indicated below and/or purchaser is engaged in the business of agricultural production of food or fiber, horticulture, aquaculture or floriculture for resale and/or uses the farm machinery, equipment or other agricultural production items purchased free of tax, as defined by state law, and as indicated below.

**PRODUCT IS TO BE USED IN THE FOLLOWING STATE:** \_\_\_\_\_ (REQUIRED)  
 (Exceptions: Georgia, New York & Kentucky - COMPLETE REVERSE SIDE)

The undersigned party further certifies they understand they may be liable for payment of all taxes due on the purchase price for the goods as allowed by state law should such goods be used or consumed in a taxable manner as defined by state laws.

**PURCHASER IS ENGAGED IN:** (REQUIRED)  
 Resale  
 Government  
 Exempt organization  
 Agricultural Production  
 Dairy Production  
 Livestock Production  
 Floriculture/Aquaculture Production  
 Other: \_\_\_\_\_

Under penalty of perjury, signee swears the information on this statement is true and correct in every material manner. A willfully false representation of exemption will cause the purchaser to be subject to penalty and/or other provisions as allowed under state law.

**ITEMS PURCHASED WILL BE USED FOR:** (REQUIRED)  
 Farm Machinery/Repair Parts  
 Livestock Injesticibles or Injesticibles  
 Fertilizer/Agrichemicals  
 Consumed in Production (KS)  
 Ingredient or Component Parts (KS)  
 Other: \_\_\_\_\_

Government Agency (Entity # \_\_\_\_\_)  
 Exempt Organization (Entity # \_\_\_\_\_)  
 NC: only DOT and US Government are exempt  
 Resale (Sales Tax Permit # \_\_\_\_\_)

**CUSTOMER SIGNATURE:** (REQUIRED)  
*Anthony B...*

**MGR. APPROVAL**  
 X

X 1821064 F&R RECEIVER MOUNT P  
 1.00 @ 74.99 74.99 NT  
 Government Agencies  
 X 3537577 DOLLY 1080LB 30X18 S  
 1.00 @ 29.99 29.99 NT  
 Government Agencies  
 X 3537577 DOLLY 1080LB 30X18 S  
 1.00 @ 29.99 29.99 NT  
 Government Agencies  
 Subtotal 134.97  
 6.00% Tax 0.00  
 Total 134.97  
 TSC Card 134.97 →  
 Acct#: \*\*\*\*\*9731  
 Auth#: 021675 Ref#: 2110475262  
 PO #: 4119  
 Change 0.00  
 Cash Back

Buyer acknowledges the receipt of a complete copy of this sales slip and the purchase of the described merchandise shall be in accordance with the Cardholder Agreement.

Signature: \_\_\_\_\_

\*\*\*\*\*  
 \*\*\*\*\*  
 Call 800-968-0734 within 7 days to complete a survey and be entered in a

**USE SHADED AREA ONLY WHEN REGISTER IS INOPERATIVE.**

CASH  CHECK  VISA  M/C  DISCOVER  TSC CHARGE ACCOUNT NO. \_\_\_\_\_ CHG.  EXCH.  DATE \_\_\_\_\_

QUANTITY	ITEM NUMBER	NON TAX	DESCRIPTION	UNIT PRICE
			OK, ACB 10/21/08	
			X two MOVING DOLLIES FOR GENERATORS, MOTORS, PUMPS, ETC.	
			X PINTEL HITOM FOR TAKING 6" TO MAKE 4" G-R PUMP	



**TRACTOR SUPPLY COMPANY**

901 Loucks Road  
York, PA 17404  
(717) 845-8200

234 234000219 21 234014948  
10/21/08 11:41

DOVER - "TONY" TOWNSHIP  
(717) 292-3634

OR 292-4911

EXT 22 (This # preferred)

**\*\*\* START OF RAINCHECK \*\*\***

Raincheck # 234014948

1891860 CTM FIT HITCH P33054

1.000 @ 154.99 154.99

**\*\*\* END OF RAINCHECK \*\*\***

Have a Nice Day!!!

Thanks for shopping Tractor Supply Co

~ 7 WORKING DAYS





We're ready in Advance.



®



the pro's partner

Store:		Store #1244 3091 CARLISLE ROAD DOVER, PA 17315			7177674190		U-Level 1 Customer Disc	
Customer:		Date:		Store #:	Reg #:	Invoice/Transaction #:		
Dover Township		9/23/2008		01244	002	124482672 2184		
2480 W CANAL RD DOVER, PA 17315		Salesperson:		Page:		of:		
		Ed		1		1		
Purchase Order #:		Payment Type:		Customer I.D. #:		Tax Id:		Delivery:
4102		Advance Comm Acct		717-292-3634		Tax Exempt		Y
SKU	Part Number	Description	Warranty	Qty	Adv. List *	Cost	Extension	
5790395	A24731	X FILTER AIR PUROL	30 DAY REPLACEMENT IF DEFECT	1	\$23.04	\$6.97	\$6.97	
3290125	5060640	X BELT POLY COG RIB DAYCO	1 YR REPL	1	\$34.98	\$19.39	\$19.39	
15650023	APP104	X SPARK PLUG DBL PLAT AUTLT	5 YEAR REPLACEMENT IF DEFECT	4	\$6.98	\$3.99	\$15.96	
15250082	97008	X IGNITION WIRE SET AUTLT	LIMITED LIFETIME REPLACEMENT	1	\$40.23	\$22.30	\$22.30	
2040476	753	X BATTERY TITANIUM ATOCF	36 MO.FREE REPL 84 MO.PRORAT	1	\$128.63	\$82.99	\$82.99	
92040476	753	X CORE BATTERY TITANIUM ATO		1		\$10.00	\$10.00	
92040476	753	CORE X RETURN CORE BATTERY TITANIUM ATO		-1		\$10.00	-\$10.00	
		Advance Comm Acct	XXXXXXXXXXXX0286 036808				-\$147.61	

All cores need to be in the original box and be in rebuildable condition to receive full core credit. Please use this receipt when returning any above core item(s). We cannot authorize a returned core without this document. Limited warranty details printed on reverse. Invoice required for returns.

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable.

Total Nontaxable:	\$147.61
Total Taxable:	\$0.00
Tax:	\$0.00
<b>TOTAL:</b>	<b>\$147.61</b>

\* Advance Suggested List

Customer Copy

Thank You!



**AUTO PARTS**

STORE

990002144  
AUTO OF YORK-WEST  
151 N. ADAMS STREET  
YORK PA 17404  
717-843-0871 17404

12:38  
09/24/2008  
Page 1/1

Invoice Number **271845**



02505  
DOVER TWP MUNICIPAL BLDG  
2480 W CANAL RD  
DOVER PA  
17315

Employee: #1 LARRY R.  
Sales Rep: #00  
Accounting Day: 20

Y  
OCR  
Y

Part Number	Line	Description	Quantity	Price	Net	Total
1998 Chevrolet Truck S10 - Pickup 2.2 L 134 CID L						
13-4734J	X	RAY REMAN ALTERNATOR	( ) 1.00	212.450	142.040	142.04
13-4734J	X	RAY CORE DEPOSIT	( ) 1.00		59.500	59.50 D
13-4734J	X	RAY CORE DEPOSIT	( ) -1.00		59.500	59.50CR D

PO# 4109

OK, AOB 9/24/08

ALTERNATOR REPLACEMENT FOR TRUCK 33

Delivery:  
Attention:  
Tax Exemption:  
PO Number: 4109  
Terms:

Subtotal 142.04  
Tax 6% PA 0.00

X \_\_\_\_\_  
Customer Signature

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

CALL US FOR HARD TO  
FIND BRAKE PARTS  
\*\*THE BRAKE WAREHOUSE!\*\*  
Customer Copy

<b>TOTAL ----&gt;</b>	<b>142.04</b>
CHARGE SALE	142.04

# SERVICE ORDER



DATE 7/17/08

NAME Dover Township  
 ADDRESS 2480 W. Canal Rd  
 CITY, ST ZIP Dover PA 17315  
 PHONE \_\_\_\_\_

MAKE 98 Chevy MODEL S10 Plus  
 VIN# 1GCCS1946WK264050

NATURE OF SERVICE  
PA Emission & Safety insp.

Dover PO# 4050

Qty	Description	Price	Amount
	Emission mileage exemption		15 00
	Safety insp		20 00
OK, AOB			
7/18/08			
TRUCK 33			
*PA INSPECTION			
	TOTAL MATERIALS		

Brakes:		Tires:	
LF	4/32 R	RR	3/32 R
RF		LR	
		LF	11/32
		RF	11/32
		RR	12/32
		LR	12/32

TOTAL MATERIALS	35	00
TAX	exempt	
CASH TOTAL	35	00