

### MENARDS - BARABOO 1040 Highway 12 Baraboo, W1 53913

KEEP YOUR RECEIPT RETURN PULTCY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for items on this receipt will be in the form of an in store credit voucher if the return is done after 11/01/16

If you have questions regarding the charges on your receipt, please email us at: BARAtionlendumenaids.com



Salie Transaction

Tax Exempt - W10363716 Government/School

7-174" 601 SAN BLADE 2528142	
7-174" 401 CINC SAN REAL	12.09 HT
2528164 7-1/4" 241 PTRC SAW BLAU	9.8 <sub>0</sub> NJ,
2528143 MINMAX POLYURE FHAME > 11	4.98 NT
5557/65 SATIN NICHE MATE SEDE	11/NI MEN
2157022 WD FINISH STAIN EARLYAME	THE HICKORY
5557516 PS 0040 Source	
5639538	(4.09 M) 4.6
12X 1-1/2 PH FL ROUD 71N * 2330187	3.29 NT _
TOTAL SALE	81.03
VISA 5082 012435	81.03
Swiped	•

TOTAL SAVINGS 0.89

P0 #

TOTAL RUMBER OF THEMS =

#### GUEST COPY

The Cardianter acknowledges receipt of goods/services in the total amount shown hereon and agrees to pay the card issuer according to its current terms.

THIS IS YOUR CREDIT LARD SALES SLIP PLEASE RETAIN FOR YOUR RECORDS.

THANK YOU, YOUR CASHIER. Cynthia

76868-08-6907 - 08703716 - 0911444-3190

# Commission Copy of



#### MENARDS - BARABOO 1040 Highway 12 Baraboo, WI 53913

KEEP YOUR RECEIPT RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for items on this receipt will be in the form of an in store credit voucher if the return is done after 11/02/16

If you have questions regarding the charges on your receipt, please email us at: BARAfrontend@menards.com



25.85 NT

NT

11.75

3.29 NT

Sale Transaction

Tax Exempt WI0363716 Government/School

RUBBER WALL BASE 4X1/8X4 7117006 11 02.35 RUBBER NALL BASE 4X1/8X4 7117004 5 @2.35 6X 3/4 COMBO PAN SMS 2334406 HEAVY DUTY CONST/REM ADH

> TOTAL SALE VISA 5082 043036 Swiped PO #

5209855 - 2 @4.98 9.96 NT 50.85 50.85

TOTAL NUMBER OF ITEMS =

#### **GUEST COPY**

The Cardholder acknowledges receipt of goods/services in the total amount shown hereon and agrees to pay the card issuer according to its current terms.

THIS IS YOUR CREDIT CARD SALES SLIP PLEASE RETAIN FOR YOUR RECORDS.

THANK YOU, YOUR CASHIER, Jena

99225 06 3665 08/04/16 08:54AM 3190



#### MENARDS - BARABOO 1040 Highway 12 Baraboo, WI 53913

KEEP YOUR RECEIPT
RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for items on this receipt will be in the form of an in store credit voucher if the return is done after 11/07/16

If you have questions regarding the charges on your receipt, please email us at:

BARAtiontend@menards.com



Sale Transaction

Tax Exempt W10363716 Government/School

ENERGIZER 6V 111H 2CR5 2104959 2 09.96

19.92 NT

TOTAL SALE VISA 0991 037396 Swiped PO # 0

19.92 19.92 Ba Heries for faucets

TOTAL NUMBER OF ITEMS =

**GUEST COPY** 

The Cardholder acknowledges receipt of goods/services in the total amount shown hereon and agrees to pay the card issuer according to its current terms.

THIS 1S YOUR CREDIT CARD SALES SLIP PLEASE RETAIN FOR YOUR RECORDS.

JUSTER YOU, YOUR CASHIER, Linda

99502 98 5560 08/09/16 11:56AM 3190

Commission Copy

GKAINGEK

501 ATLAS AVE. MADISON, WI 53714-3107 www.grainger.com

SHIP TO

UNIV OF WIS BARABOO 1006 CONNIE RD BARABOO WI 53913-1015

BILL TO UNIV OF WIS BARABOO 1006 CONNIE RD BARABOO WI 53913-1015 INVOICE

GRAINGER ACCOUNT NUMBER INVOICE NUMBER INVOICE DATE

833817133 9168076116 07/15/2016 NO AMOUNT DUE

PO NUMBER: CALLER: CUSTOMER PHONE: ORDER NUMBER: INCO TERMS:

WEB860819098 JAMES REVELS 6083555200 1266861232 FOB ORIGIN

Interested in receiving invoices via email? Sign up for paperless invoicing at: www.grainger.com/paperlessinvoicing

THANK YOU!

PO LINE#	ITEM#	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
	45172647	MANUFACTURER # 029967-002	2	53.39	106.78
		water Fountain in Lange be	uilding		
				•	
		•			
			1		

PAGE 1 UF 1

INVOICE SUB TOTAL TAX CR. CARD OR CASH RECEIVED

106.78 5.87

112.65

These items are sold for domestic consumption. If exported, purchaser assumes full responsibility for compliance with US export controls. Diversion contrary to US law prohibited. Reprint PAYMENT TERMS VISA

- PAY THIS INVOICE, NO STATEMENT SENT, PAYABLE IN U.S. DOLLARS.

AMOUNT DUE

\$0.00

NO PAYMENT DUE - THIS INVOICE FOR YOUR RECORDS

Maintenance Copy

SEALS UNLIMITED INC 600 CORPORATE CIRCLE SUITE M **GOLDEN, CO 80401 UNITED STATES** (800)-346-1604

PAGE

1

INVOICE DATE INVOICE NO

8/3/2016 152920

UNIV-WI UNIV OF WISCONSIN-BARABOO 1006 CONNIE RD BARABOO, WI 53913

BARABOO, WI 53913

T

О

т 0

**TOTAL DUE** 

s UNIV OF WISCONSIN-BARABOO

1006 CONNIE RD

0.00

SLS1	SLS2	DUE DATE	DIS	C DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO	
4	AS	8/3/2016	8/3/	2016	00017731	8/3/2016	8/3/2016	<del></del> -	
TERMS	DESCRIPTION	CUSTO	MER PC	NO NO		SHIP VIA			
CREDIT	CARD	JIM R	<del>~</del>		·	UPS GROUND			<del></del> -
ITEM ID		<del></del>	TX CL	UNITS	ORDERED	SHIPPED	UNIT PRI	 CE	EXTENSION
	)-953-1549-3BRP -1.0X1,12X1,93B W/G	3&S	0	EA	1.00	1.00	136.	19	136.19

Pump seal for boiler in theater building

Commission copy

We appreciate your business.

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC	TOTAL
0.00	136.19	13.66	0.00	0,00	149.85
	PR	EPAYMENT	149.85	TOTAL DUE	0.00



No a "F

Account Name: CITY OF BARABOO Account Number: 301298969

Page: 1 of 4 Bill Date: Jul. 17, 2016

P.O. Box 4300 Carol Stream, IL 60197-4300

IW-Bar Cty.

Previous Balance	Payments —	Adjustments Credits	Current Charges
269.04	179.38 CR	0.00	
Payment Summa	<del></del>	0.00	91,40
Previous Balance	,		
	neck received on JUN	oe.	269.04
Balance	West look and the second secon		179.38 CR
			89.66
Adjustments/Cre	dits Summarv		
Adjustments to Pre	vious Balance		
			0.00
			0,00
Current Charge S	ummary		
Monthly Charges			
One-Time Charges	1		84.34
Usage Charges			0.00
Discount			0.00
Adjustments			0.00
Taxes, Fees, and S	urcharnes		0.52
			6.54
otal Current Ch	arges		91,40
Due Date Aug.	11 2016 A		

Due Date Aug. 11, 2016 Amount Due

Just a friendly reminder that your account is past due. If you have already made your payment, thank you for bringing your account up to date.

## MEDINAVIEVEVS

CenturyLink understands that your tolecommunication service is your lifeline to your business, Thank your for trusting us to help you make connections that count with your customers. For questions, or inquiries about additional services, call our Customer Contact Center at 1-800-201-4102 or call your local CenturyLink representative.

\*\*\*PLEASE FOLD. TEAR HERE AND RETURN THIS PORTION WITH YOUR PAYMENT\*\*\*

181.06

FOR CHANGE OF ADDRESS OR PAYMENT AUTHORIZATION:
Please check here and complete reverse. Thank You.

Account Fund Department Program

Account Number:

Amount Due By Aug. 11, 2016

301298969

D

181.06

>D11035 6584620 0001 008243 10Z CITY OF BARABOO 1006 CONNIE Rd ATTN: CAMPUS COMMISSION BARABOO, WI 53913-1015

CenturyLink P.O. Box 4300 Carol Stream, IL 60197-4300

ը Սիգիդոիդինոկներիաինինինինինինինիների

պատիբարուկիրուդիրուդիրիակիրութիլի



Account Name: CITY OF BARABOO Account Number: 301298969

P.O. Box 4300 Carol Stream, IL 60197-4300

Page: 2 of 4 Bill Date: Jul. 17, 2016

## Important Notices and Information:

Allocation of charges: Service Categories	Past Due	Current Month	Total Due
Basic Services	89.66	90.78	–
Other Services	0.00	. 0.62	180.44 0.62
All Services	89,66	91.40	
	22100	51.40	181.06

Failure to pay Basic charges may result in the disconnection of those Services. Please contact CenturyLink regarding any questions or problems with your bill before the due date.

View and pay your bill online at centurylink.com/business/login. You will need your authentication code 3287.

CenturyLink works every day to bring you solutions that best meet your total communications needs. Stop in and learn more about our value pricing that will help you reduce your household expenses when you bundle all of your services with CenturyLink. You can also pay your bill and check out our newest products and services at your local CenturyLink Customer Experience Center. Visit www.centurylink.com/stores to find the location nearest you.

LATE FEE REMINDER: Late fees may be charged each month for any eligible unpaid balances not paid in full by the due date listed on your bill. The methods for calculating late fee amounts vary by state and product. For more information you may access Terms and Conditions and Tariff materials at http://www.centurylink.com/tariffs.

CenturyTel of the Midwest - Kendall, LLC, DBA CenturyLink

Third-Party Billing Block

Cramming occurs when unauthorized charges appear on your telephone bill. To help prevent unwanted third party charges on your bill, contact CenturyLink and request, at no charge, a bill block that will prevent some third party charges such as charitable contributions, dial-up Internet by non-CenturyLink companies or other non-telecommunications charges from appearing on your bill.

CenturyLink should be notified within 90 days after the CenturyLink Bill Date of any billing discrepancies on your statement.

FREE Enrollment! With CenturyLink's My Account service, you can update your billing information, view and pay your bill and much more. Visit us online at www.centurylink.com/myaccount.

Immediate Billing Address Changes Call 1-800-201-4102 301298969 CITY OF BARABOO 1006 CONNIE Rd ATTN: CAMPUS COMMISSION BARABOO, WI 53913-1015	MONTHLY AUTOPAY AUTHORIZATION FORM I authorize CenturyLink to charge my MasterCard, Visa, Discover, savings or checking account monthly for any accrued balance on the billing account listed below.  (We reserve the right to revoke this if bank approval is denied)  Checking Account #  (Write your billing account number on a voided check or copy of a voided check and attach.)
Address Information Changes Effective Date  New Address	Savings Account #  (Write your billing account number on a voided deposit slip and attach.)  Credit Card Debit Card Exp Date:  MasterCard Visa Discover
City State Zip	Simplify required
Work Phone ( ) Home Phone ( )	Please continue to pay your bill until notified on your statement that autopay is active.  Account Number
	<del></del>





Account Name: CITY OF BARABOO Account Number: 301298969

P.O. Box 4300 Carol Stream, IL 60197-4300

Page: 3 of 4 Bill Date: Jul. 17, 2016

Crimmont Chauses O		Dili Date. Jul	
Current Charges Summary	Service Fron	n Jul. 17, 2	016
fonthly Charges	Qty	Deta	
Facility Relocation Cost Recovery Fee	-	Rate	Amount
Federal Subscriber Line & Access Recovery Charge	2 @	1.00	2.00
Multi Line 1 Party Business	2 @	11.57	23.14
Non-Published Non Listed Bus	2 @	26.00	52.00
WI Universal Service Fund Surcharge	1 @	6.00	6.00
Total Monthly Charges	2 @	0.60	1.20
djustments			84.34
Interstate EUCL Multi Ln JUL 01 To JUL 16			
Access Recovery Charge JUL 01 To JUL 16			0.20
Total Adjustments			0.32
exes, Fees and Surcharges			0.52
Federal Universal Service Fund Surcharge			
SAUK County 911 Surcharge			4.24
WISCONSIN Police And Fire Protection Fee			0.80
Total Taxes, Fees and Surcharges			1.50
Town Tuxes, Lees and Surcharges			6.54
Total Current Charges		<del></del>	91.40

Contact Numbers
-----------------

1-800-201-4102	Product, Services and Billing
1-800-786-6272	High Speed Internet 24/7 Technical Support
1-888-872-7313	Dial-up Internet 24/7 Technical Support
1-888-646-0004	Financial Services/Payment Arrangements
1-800-786-6272	Repair Service 24/7
1-800-201-4102	Payment or Account Balance 24/7

Visit us online at www.centurylink.com.

### **Charge Detail**

Local Service from JUL 17 to AUG 16

Product-ID: 608-355-0552

**Monthly Charges** 

Facility Relocation Cost Recovery Fee	
Federal Subscriber Line & Access Recovery Charge	1.00
Multi Line 1 Party Business	11,57
WI Universal Service Fund Surcharge	26.00
_	0.60
Total Local Exchange Services	

Total Local Exchange Services 39.17
Total Monthly Charges

Adjustments

\*\* Access Recovery Charge JUL 01 To JUL 16

0.16

39.17



Account Name: CITY OF BARABOO Account Number: 301298969

P.O. Box 4300 Carol Stream, IL 60197-4300 Page: 4 of 4 Bill Date: Jul. 17, 2016

## **Charge Detail**

Local Service from JUL 17 to AUG 16

Product-ID: 608-355-0552

**Adjustments** 

\*\* Interstate EUCL Multi Ln JUL 01 To JUL 16

**Total Adjustments** 

0.10

Charge Detail For 608-355-0552			39.43
roduct-ID: 608-355-0821			
onthly Charges			
Facility Relocation Cost Recovery Fee	1.00		
Federal Subscriber Line & Access Recovery Charge	11.57		
Multi Line 1 Party Business	26.00		
WI Universal Service Fund Surcharge	0.60		
Total Local Exchange Services		39,17	
Non-Published Non Listed Bus	6.00		
Total Optional Features/Services		6.00	
Total Monthly Charges			45,17
djustments -			
* Access Recovery Charge JUL 01 To JUL 16	0.16		
Interstate EUCL Multi Ln JUL 01 To JUL 16	0.10		
Total Adjustments			0.26
Charge Detail For 608-355-0821		<del></del>	45.43

Tax, Fees and Surcharges	
Tax, Fees and Surcharges 6.54	

91, 40	
** Nonrequiated Charge(s) - nonpayment for NONRECLU ATED SERVICES OF PRODUCTS	**

Nonregulated Charge(s) - nonpayment for NONREGULATED SERVICES OR PRODUCTS may result in the disconnection or restriction of such services, and such delinquencies may be subject to collection. Local services will not be disconnected for nonpayment of nonregulated charges. Nonpayment of toll charges may result in the disconnection of toll service, and such delinquencies may be subject to collection.

Total Current Charles

3099 E. Washington Ave. Madison WI 53704 Showroom and Business Office

DOC-1245A(Rev.06/93)

00.0

00.0

00.0

CHARGE

: MEL 30

: DOCK

JIATZNI GNH\9H2 YTQ

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00.0

00.0

00.0

CHARGE

28:19

91.E8

EXT PRICE

DEPARTMENT OF CORRECTIONS Division of Adult Institutions WIKE CONNOK 008-213-4820 <WIKE CONNOK@NMC EDN>

> I7.65 용0

> 17.65

28:19 & በ

58.19

BSI QUOTE # 062216JS6641

INTERIOR SIGN 8" X 10"

2-0180-AY E

278.880-I.IS I

DESCRIBLION

OPEN ORDER BALANCE

ITM PART NUMBER

REPRESENTATIVE

INST: (FOR A-109)

INTERIOR SIGN 7.25" X 9"

Z 7P.2-7.2509

Y-010 DISCOSSION

INST: A-251 A BUILDING MAIN LOBBY

INTERIOR SIGN 8"X 3.875"

85.IA 용0

85'T#

385730 273012

385730 273012

385730 273012

OKDEK

NET PRICE DISCOUNT

TZI BKICE

SALES INVOICE

**LEKWS** 

LOB

SHIBBING WELHOD: sbqx SHIPPING DATE : 07/19/16 00.0: : 655

9T/FZ/90 : CUSTOMER ORDER DATE CUSTOMER ORDER NUMBER : CONNOR

: T28548

MEB SYTES OKDEK NBK

BARRABOO WI 53913

IOOR COMMIE KOYD

UM-BARABOO\SAUK COUNTY BILL TO:

TOOR CONNIE ED WIKE COMMOR UM-BARABOO\SAUK COUNTY

BARABOO WI 53913

:OT GIHS

PHONE: 608.240.5200 FAX: 608.240.3321

PAGE IN WI: 800.862.1086

Web Site: www.BuyBSI.com

INVOICE DATE : 07/25/16 INAOICE NOWBEK: 513015

BEI EIGN EHOD

**7127** 



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#### INVOICE

BSI SIGN SHOP

INVOICE NUMBER: 273012 INVOICE DATE : 07/25/16

Web Site: www.BuyBSI.com

PHONE: 608.240.5200

FAX: 608.240.3321

PAGE IN WI: 800.862.1086

BILL TO:

2127

SHIP TO:

UW-BARABOO/SAUK COUNTY

UW-BARABOO/SAUK COUNTY

1006 CONNIE ROAD BARABOO WI 53913 MIKE CONNOR

1006 CONNIE RD BARABOO WI 53913

WEB SALES ORDER NBR : 158248

SHIPPING DATE : 07/19/16

CUSTOMER ORDER NUMBER : CONNOR

SHIPPING METHOD: spdy

CUSTOMER ORDER DATE : 06/24/16

: DOCK

REPRESENTATIVE OPEN ORDER BALANCE : 0.00

: 922

: NET 30

ITN	1 PART NUMBER DESCRIPTION	LST PRICE	SALES	INVOICE	QTY	SHP/HND CHARGE	INSTALL CHARGE	EXT PRIC
		NET PRICE						
	INST: (FOR A219)			•				
4	2A-0602	22.38	385730	273012	1	0.00	0.00	22.3
		0%						
	GEGOVERNU BOOM TO GOLLE	22.38						
	SECONDARY ROOM ID, SOLID	FACE, 6X2						
5	2A-0804	0.00	385730	273012	2	0.00	0.00	0.0
		0%						
		0.00						
	SECONDARY ROOM ID, SOLID	FACE, 8X4						
	INST: A-251 MAIN LOBBY A-252 COMMONS							
6	2A-0810	39.71	385730	273012	1	0.00	0.00	39.7
		0%						
		39.71						

FOB

TERMS

BSI QUOTE # 062216JS6641

ROOM ID 8X10

MIKE CONNOR 608-513-4856 <MIKE.CONNOR@UWC.EDU>

Mailing Address: P.O. Box 8990 Madison WI 53708

DEPARTMENT OF CORRECTIONS Division of Adult Institutions

DOC-1245A(Rev.06/93)

**Badger State Industries** 

Showroom and Business Office 3099 E. Washington Ave. Madison WI 53704



#### INVOICE

BSI SIGN SHOP

INVOICE NUMBER: 273012 INVOICE DATE : 07/25/16

Web Site: www.BuyBSI.com

PHONE: 608.240.5200

FAX: 608.240.3321

IN WI: 800.862.1086

BILL TO:

2127

SHIP TO:

UW-BARABOO/SAUK COUNTY

UW-BARABOO/SAUK COUNTY

1006 CONNIE ROAD BARABOO WI 53913 MIKE CONNOR 1006 CONNIE RD

BARABOO WI 53913

WEB SALES ORDER NBR

: 158248

SHIPPING DATE : 07/19/16

CUSTOMER ORDER NUMBER : CONNOR

SHIPPING METHOD: spdy

CUSTOMER ORDER DATE

: 06/24/16

: DOCK

REPRESENTATIVE

: 922

FOB TERMS

: NET 30

OPEN ORDER BALANCE

: 0.00

ITM PART NUMBER

LST PRICE

SALES INVOICE

QTY SHP/HND

EXT PRICE

DESCRIPTION

DISCOUNT

ORDER

NET PRICE

CHARGE CHARGE

INSTALL

INST: ELEVATOR EQUIPMENT ROOM

SUBTOTAL

246.78

SHIPPING

6.23

INSTALLATION

0.00 0.00

TOTAL

253.01

BSI QUOTE # 062216JS6641 MIKE CONNOR 608-513-4856 <MIKE.CONNOR@UWC.EDU> DEPARTMENT OF CORRECTIONS Division of Adult Institutions

DOC-1245A(Rev.06/93)

**Badger State Industries** 

Showroom and Business Office 3099 E. Washington Ave. Madison WI 53704

Mailing Address: P.O. Box 8990 Madison WI 53708



AUU 6 8 2016

INVOICE

aboo/Sauk Cty. Fusiness Office

BSI SIGN SHOP

INVOICE NUMBER: 273285 INVOICE DATE : 08/04/16

Web Site: www.BuyBSI.com

PHONE: 608.240.5200

FAX: 608.240.3321

PAGE IN WI: 800.862,1086

BILL TO:

2127

SHIP TO:

UW-BARABOO/SAUK COUNTY

UW-BARABOO/SAUK COUNTY

1006 CONNIE ROAD BARABOO WI 53913 MIKE CONNOR 1006 CONNIE RD BARABOO WI 53913

SALES ORDER NUMBER

: 385730-1-01

SHIPPING DATE : 08/02/16

CUSTOMER ORDER NUMBER : CONNOR

SHIPPING METHOD:

CUSTOMER ORDER DATE

: 08/02/16 : 922

FOB TERMS

: DOCK

REPRESENTATIVE OPEN ORDER BALANCE

: 0.00

: NET 30

ITM PART NUMBER DESCRIPTION	LST PRICE DISCOUNT NET PRICE	SALES INVOICE ORDER	QTY	SHP/HND CHARGE	INSTALL CHARGE	EXT PRICE
1 2A-0602	22.38 0%	385730-1 273285	8	0.00	0.00	179.04

22.38

SECONDARY ROOM ID, SOLID FACE, 6X2

INST: FOR INVOICE PURPOSES ONLY/QTY 1 INVOICED ON ORIGINAL ORDER/SHOULD HAVE BEEN QTY 9 THE FOLLOWING HAVE BEEN SHIPPED

1 EA/A-151, A-162, A-168, A008-A010, A-012 2 EA/A-008A, A-008B

SUBTOTAL	179.04
SHIPPING	0.00
INSTALLATION	0.00
	0.00
TOTAL	179.04

BSI QUOTE # 062216JS6641

PO BOX 7302 Madison, WI 53707-7302 (608) 266-2112 Scott Walker, Governor Dave Ross, Secretary



## INVOICE

53

PAM UW BARABOO SAUK COUNTY 1006 CONNIE RD BARABOO WI 53913

Questions may be directed to:

Division of Industry Services

(608) 266-2112; press 4

INVOICE #: 414519 INVOICE DATE: 08/11/2016 CUSTOMER No: 503756

SAVE TIME, Pay On-Line at commepay.wi.gov

Mail Payment Coupon

& Check to: State of Wisconsin

DSPS - Industry Services Invoicing

P.O. Box 93086

Milwaukee, WI 53293-3086

INVOICE ITEM(S):

Line No.

Transaction No. 1617149

**Process** Date 08/05/2016

Regulated Object

1617149

Description Permit to Operate Fee

Amount

Total:

\$50.00 \$50.00

Regulated Object ID

Regulated Object Description Section

1617149

WI Registration Tag-No: B0104408; Pressure Vessels and Systems, Type: Boilers, 3 Year PTO Cycle Facility: UW BARABOO, 1006 CONNIE RD, BARABOO 53913 Site: SAUK County, City of BARABOO

Make Checks Payable to Department of Safety and Professional Services

SAVE TIME, Pay On-Line at commepay.wi.gov

Detach and return this coupon with payment.

Invoice 414519 Customer ID

503756

State of Wisconsin Department of Safety and Professional Services Division of Industry Services

Due Date 09/14/2016

**Amount Due** \$50.00

Name or Address Change? Check box and write changes on reverse side.

Amount Enclosed:

FUND

AGCY 165

ORG

ACTV

REV SRC

**RPT CAT** 

AMT \$50.00

State of Wisconsin DSPS - Industry Services Invoicing P.O. Box 93086 Milwaukee, WI 53293-3086

PAM UW BARABOO SAUK COUNTY 1006 CONNIE RD BARABOO WI .53913

PO BOX 7302 Madison, WI 53707-7302 (608) 266-2112 Scott Walker, Governor Dave Ross, Secretary

AUG v 6 2016



UN-Baraboo/Sauk Cty. Business Office

## **INVOICE**

51

PAM UW BARABOO SAUK COUNTY 1006 CONNIE RD BARABOO WI 53913

INVOICE #: 413890 INVOICE DATE: 08/04/2016 CUSTOMER No: 503756

SAVE TIME, Pay On-Line at commepay.wi.gov

Mail Payment Coupon

& Check to: State of Wisconsin

DSPS - Industry Services Invoicing

P.O. Box 93086

Milwaukee, WI 53293-3086

Questions may be directed to: Division of Industry Services (608) 266-2112; press 4

## INVOICE ITEM(S):

				<del></del>			_
Line No.	Transaction No.	Process Date	Regulated Object	Description		Amount	
1 2 3 4	1147531 1147530 1147528 1147526	08/03/2016 08/03/2016 08/03/2016 08/03/2016	1147531 1147530 1147528 1147526	Permit to Operate Fee Permit to Operate Fee Permit to Operate Fee Permit to Operate Fee		\$50.00 \$50.00 \$50.00 \$50.00	
Regui	lated				Totai:	\$200.00	
	ect ID			Regulated Object Description Section			

1147531

WI Registration Tag No: B0084326; Pressure Vessels and Systems, Type: Boilers, 3 Year PTO Cycle

Facility: UW BARABOO, 1006 CONNIE RD, BARABOO 53913 Site: SAUK County, City of BARABOO

1147530

WI Registration Tag No: B0084327; Pressure Vessels and Systems, Type: Boilers, 3 Year PTO Cycle

Facility: UW BARABOO, 1006 CONNIE RD, BARABOO 53913 Site: SAUK County, City of BARABOO

Make Checks Payable to Department of Safety and Professional Services Detach and return this coupon with payment.

SAVE TIME, Pay On-Line at commepay.wi.gov

Invoice 413890

Customer ID 503756

State of Wisconsin Department of Safety and Professional Services Division of Industry Services

Due Date 09/07/2016

Amount Due \$200.00

Name or Address Change? Check box and write changes on reverse side.

ORG

Amount Enclosed:



AGCY

ACTV

**REV SRC** 

**RPT CAT** 

AMT \$200.00

State of Wisconsin DSPS - Industry Services Invoicing P.O. Box 93086 Milwaukee, WI 53293-3086

PAM UW BARABOO SAUK COUNTY 1006 CONNIE RD BARABOO WI 53913

1147526

Facility: UW BARABOO, 1006 CONNIE RD, BARABOO 53913 Site: SAUK County, City of BARABOO WI Registration Tag No: B0084331; Pressure Vessels and Systems, Type: Boilers, 3 Year PTO Cycle

Facility: UW BARABOO, 1006 CONNIE RD, BARABOO 53913 Site: SAUK County, City of BARABOO

Pointon Heating & A/C Inc. Phone: 608-356-4177

PO Box 14 - 601 South Blvd

Baraboo, WI 53913-0014

INVOICE NO.:001168870000

CUSTOMER NO.:05801

DATE: 08/12/16

SOLD TO:

UNIVERSITY OF WI-BARABOO 1006 CONNIE ROAD BARABOO, WI 53913

SHIP DATE S	HIPPED VIA	F.O.B.	TERMS	SALES- PERSON	ORDER DATE	P.O.	NUMBER
/ /		NET	30	SP			
QUANTITY		DESCRIPTIO		UNIT PRICE		AMOUNT	
RELOCATE EXISTING AIR CONDITIONER FROM PENTHOUSE ROOF TO GROUND LEVEL ON THE EAST SIDE OF THE BUILDING NEAR FIRE ESCAPE. ************************************							
1	PER PROP	OSAL		17	,110.00	1	7,110.00

0.00 SUB-TOTAL 17,110.00 SHIPPING CHARGES YOU THANK 0.00 TOTAL 17,110.00 SALES TAX

AC Cond Relocate

Job Name AIR CONDITIONER RELOCATION

## Pointon

## PROPOSAL

Date:

## Heating & Air Conditioning, Inc.

601 South Boulevard P.O. Box 14

Τo

UW BARABOO/SAUK COUNTY	Phone:		0	Date	6/14/2016
hereby submit specifications and estimates for:	Thone.	L	Propo	sal Number	8792

We Relocate existing air conditioner from penthouse roof to ground level on the eastside of the building near fire escape. Project to consist of the following: Pour new 6 inch concrete support pad. Pad to have 3/8" rebar and be sealed Recover freon from existing unit Disconnect high voltage wiring, control wiring and refrigeration piping Remove condenser unit from penthouse roof and lower to ground pad Extend refrigeration lines from penthouse then across roof to new ground location Install new liquid line filter drier Called Steve to move forward Extend high voltage and control wiring to new location Suction line insulation UV paint for insulation All roof and wall supports for piping 12 356-2493 Reproducted 1218-290-6698 Fairfield Concrete Jared Leak check connections Evacuate air from components Recharge and add additional R22 freon Startup and checkout All labor to install Approv Comm 6/16/18 WE PROPOSE hereby to furnish material and labor-complete in accordance with these specifications, for the sum Dollars \$ \$17.110.00

Seventeen Thousand One Hundred Ten Payable as follows **BALANCE UPON BILLING** All material is guaranteed to be as specified. All work to be completed in a workmantike Authorized manner according to standard practices. Any alterations or deviation from above specifications involving extra cost will be executed only upon written orders, and will become Signature . an extra charge over and above the estimate. All agreements contingent upon strikes. accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance. Note: This proposal my be withdrawn by us if not accepted within 45 days.

ACCEPTANCE OF PROPOSAL-The prices, specifications and conditions are satisfactory and are herby accepted. You authorized to do the work as specified Payment will be made as outlined above \_Signature:



Milwaukee:
11217 West Becher Street
West Allis, WI 53227-1032
Phone: 414.476.5790
Fax: 414.476.0916
www.illingworth-kilgust.com

Madison: 6950 Gisholt Drive Madison, WI 53713-4828 Phone: 608.222.9196 Fax: 608.222.3339

June 14, 2016

Mr. Mike Connor UW Baraboo 1006 Connie Road Baraboo, WI 53913 e: mike.connor@uwc.edu

Re: Relocate Condensing Unit

Dear Mr. Connor:

We are pleased to provide our proposal for the above referenced project. We include the following:

- Recover refrigerant
- Relocate existing condensing unit from roof to new pad on grade (pad supplied by other)
- Furnish and install necessary refrigeration piping and fittings
- Furnish and install (1) suction line filter housing
- Furnish and install suction and liquid filter dryer cores
- Furnish and install necessary hangers and supports
- Evacuation of system
- Recharge with recovered refrigerant
- Top off charge with new refrigerant
- Crane and rigging
- Perform startup
- Electrical by Action Electric

This	proposal i	is based	on work	beina	performed	durina	normal work	kina hours	unless	otherwise	e noted
	F F										

Our price for this work is \$20,026.00

above. Normal working hours are considered to be between 7:00 a.m. and 4:30 p.m., Monday through Friday. Our price is subject to review and possible change after thirty (30) days.

We thank you for the opportunity to provide you with this proposal and look forward to working with you on this project. Should you have any questions, please do not hesitate to contact us.

Sincerely, Chris Stoltmann	This Proposal Accepted By:
Chris Stoltmann Service Sales	(Signature)
Illingworth-Kilgust Mechanical, Inc. Direct: 608.852.8974	(Date)
cstoltmann@ikmechanical.com	(P.O. Number)
CS/kb	

Plumbing Piping Sheet Metal Controls Service

Engineering Design Auto Cad Green Buildings





Phone (608) 625 – 2100 Fax (608) 625 – 2913 Cell (608) 606-0043

E-mail; silva.bob@preconsteam.com Web-site: www.preconsteam.com A Division of SILVA LLC

4/25/16

To: Mike Conner – U.W. Baraboo

From: Bob Silva

Subject: A-Building East penthouse roofing leaks and condensing unit is tipping into its roof. This Budget pricing is to put original condensing unit on the ground instead of back on to the pent house roof.

Removing condensing unit for AHU-4 from penthouse roof and putting it on the ground:

Pointon Heating & A/C Inc.

Phone: 608-356-4177

PO Box 14 - 601 South Blvd

Baraboo, WI 53913-0014

INVOICE NC.:001169520000 CUSTOMER NO.:05801

DATE: 08/17/16

SOLE TO:

UNIVERSITY OF WI-BARABOO

1006 CONNIE ROAD BARABOO, WI 53913

> SALES-ORDER

SHIP DATE SHIPPED VIA F.O.B. TERMS PERSON DATE P.O. NUMBER 

NET 30 

UNIT QUANTITY DESCRIPTION PRICE AMOUNT 

INSTALL CUSTOMER SUPPLIED

COMPRESSOR FOR TRANE UNIT. RECOVER BURNED REFRIGERANT AND.

DISPOSE OF PROPERLY.

PER PROPOSAL 3,876.00 3,876.00

SUB-TOTAL 3,876.00 SHIPPING CHARGES 0.00 IHANK YOU SALES TAX 0.00 TOTAL 3,876.00



## PROPOSAL

Faller Arenthem was u Programme See Line of the co Fr. 800 Whates.

COMPRESSOR REPLACEMENT

Location:

TRANE UNIT

NORTHEAST CORNER OF BUILDING A

To: UW BARABOO/SAUK COUNTY

We hareby submit specifications and estimates for

Phone:

8/11/2018

Proposal Number

Installation of customer provided compressor for Trane condenser unit. Project to consist of the following:

Recover burned refrigerant and dispose of properly Remove compressor, filter drier, contactor and sight glass

A Bldg Lower Level

Install the following:

Trane replacement comprssor-provided by customer under warranty status

Liquid line filter drier

Suction line filter drier

Liquid line sight glass

Compressor contactor

Leak check connections

Evacuate air from components

Refill with NU22 refrigerant

Startup and checkout

All labor to install

includes an additional 2-5 year warranty on compressor

Any additional items found to be needed after new compressor is started up will be time and material

WE PROPOSE hereby to furnish material and labor-complete in accordance with these specifications, for the sum

Three Thousand Eight Hundred Seventy Six

Payable as follows

**BALANCE UPON BILLING** 

All materies is guaranteed to be as specified. All work to be completed in a workmantike manner according to standard practices. Any alterations or deviation from above specifications motiving extra cost will be executed only upon written craces, and will become an extra energies over and above the estimate. All agreements contingent upon strikes according or delays payond our control. Owner to carry fire, tomade, and other necessary insurance. Our workers are fully covered by "Workmen's Compansation Insurance."

Authorized Signature

Note: This proposal my be windrawn by us if not accepted within

Dollars \$

45 days.

\$3,876,00

ACCEPTANCE OF PROPOSAL-The prices, specifications and conditions are satisfactory and are herby accepted. You authorized to do the work as specified Payment will be made as outlined above

Signature:

Date: