

# Work Order

AC /

**AlternateEnergy**  
Renewable energy for your future



## Customer Details

|                |                   |                  |          |        |                      |
|----------------|-------------------|------------------|----------|--------|----------------------|
| Customer Name: | Kathi Mitsuda     | Date:            | 02/20/26 |        |                      |
| Address:       | 1221 Honokahua St | City:            | Honolulu | Zip:   | 96825                |
| Phone:         | (808) 395-5889    | Secondary Phone: |          | Email: | 19647@aeisupport.com |

## System Details & History

|                           |                          |                  |                     |                                                                    |                    |                 |                                                                    |
|---------------------------|--------------------------|------------------|---------------------|--------------------------------------------------------------------|--------------------|-----------------|--------------------------------------------------------------------|
| Job Type:                 | AC                       | Inst Date:       | December 31st, 1969 | Warranty:                                                          | 0                  | Invoice Amount: |                                                                    |
| Help Topic:               |                          | Svc Team:        | HVAC                | Engineer:                                                          | Engineer Engineer  |                 |                                                                    |
| Salesman Name:            | Testnoy Testnoy(testnoy) |                  |                     |                                                                    |                    |                 |                                                                    |
| Time of Repair:           | Other(specify time)      |                  |                     |                                                                    |                    |                 |                                                                    |
| Date Scheduled:           | 02/03/26                 | Time of Arrival: | 2:30:pm             | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Time of Departure: | 3:30:pm         | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
| Installation Technicians: | Todd Morisato            |                  |                     |                                                                    |                    |                 |                                                                    |

\* If system is out of warranty, please provide invoice to customer.

## Service Description

|                                          |  |                |
|------------------------------------------|--|----------------|
| Describe Problem                         |  |                |
| *get physical HS signed *                |  |                |
| not not cooling                          |  |                |
| MSYD36NA8/MUYD36NA?- ?fam rm             |  |                |
| installed 11/*1/2017 / last actu 5/10/22 |  |                |
| (808) 395-5889?                          |  |                |
| **billing*** kathi ok ging 1/26/26       |  |                |
| 300+t/ 186.78 if actu                    |  |                |
| ***UPDATED BILLING** GD 2/4/26           |  |                |
| OD HE: 661.20+T=\$692.35*                |  |                |
| -SCFEE TO BE BILLED AT REPAIR F/U **     |  |                |
|                                          |  |                |
|                                          |  |                |
|                                          |  |                |
| Services & Parts Rendered / Comments     |  |                |
| 0                                        |  |                |
|                                          |  |                |
| Operational Notes                        |  |                |
| <input type="checkbox"/> Job Completed   |  | initial & Date |
| <input type="checkbox"/> Job Incomplete  |  |                |
|                                          |  |                |

## Customer Agreement

|                                                                                                                           |               |
|---------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>I acknowledge the services and parts rendered by the technician and all work performed was completed successfully.</b> |               |
| Responsible Technician                                                                                                    | Customer Name |
| Date:                                                                                                                     | Date:         |