Job: 000744 - Beechwood Independent

For the period from 2/8/23 through 2/8/23

Codell Construction Report

Pay Request Log

Invoice Number	Type	Invoice Date	Entry Date	Entered By	Request Amount	Retention	Net Pay Amount
744-20601	PURCHASE ORDER #206-01			EFCO CORPORATION			
20494555	MAT	02/08/2023	02/08/2023	Patrick Codell	15,484.63	0.00	15,484.63
20494556	MAT	02/08/2023	02/08/2023	Patrick Codell	3,138.89	0.00	3,138.89
				Totals:	18,623.52	0.00	18,623.52

EFCO 1000 County Road | Monett, MO 65708 | 800.221.4169 | efcocorp.com

CUSTOMER INVOICE

Ship To:
MCANDREWS WINDOWS & GLASS
1000 COUNTY ROAD
MONETT, MO 65708

Invoice Number 20494555
Invoice Date 12/15/22
Due Date 1/14/23
Bill-To Customer B934
Ship-To Customer M823
Project Number
Sales Order # K083603
Job Name:
BEECHWOOD INDEPENDENT SCH
Referenced Invoice:

Bill To:
BEECHWOOD INDEP BOARD OF ED
50 BEECHWOOD RD
FORT MITCHELL, KY 41017

Terms:
1% 10, Net 30 Days
from Invoice Date

Shipped Via:
CUSTOMER ARRANGED PICKUP

FOB Point:
MONETT TMC
Purchase Order Number:
BEECHWOOD 6B STICK
BOL#/Waybill#:
99602142

Item Description		Quantity
STOREFRONT (KIT)		
3*002002	8A	
CATEGORY 560N		89
3*002005	8A	
CATEGORY 562N		27
3*002008	8A	
CATEGORY MISC		1

TOTAL NET MATERIAL	$	15,484.63
TOTAL TAX THIS INVOICE	$	.00
TOTAL INVOICE (Dollars - Pay this amount)	$	15,484.63

TOTAL CONTRACT EXCLUDING SALES TAX	$	42,351.00
TOTAL PREVIOUSLY INVOICED	$	23,727.50
TOTAL BACKORDERED AMOUNT	$	3,138.87

* SEE PACKING LIST ASSOCIATED WITH THIS MATERIAL AT EFCOCORP.COM *

R E M I T T O :
* EFCO Corporation *
* P.O. Box 854812 *
* Minneapolis, MN 55485-4812 *

NO GOODS MAY BE RETURNED NOR WILL WE ACCEPT BACK CHARGES UNLESS

EFCO 1000 County Road | Monett, MO 65708 | 800.221.4169 | efcocorp.com

CUSTOMER INVOICE

Ship To:
MCANDREWS WINDOWS & GLASS
1000 COUNTY ROAD
MONETT, MO 65708

Invoice Number 20494556
Invoice Date 12/15/22
Due Date 1/14/23
Bill-To Customer B934
Ship-To Customer M823
Project Number
Sales Order # K083603
Job Name:
BEECHWOOD INDEPENDENT SCH
Referenced Invoice:

Bill To:
BEECHWOOD INDEP BOARD OF ED
50 BEECHWOOD RD
FORT MITCHELL, KY 41017

Terms:
1% 10, Net 30 Days
from Invoice Date

Shipped Via:
CUSTOMER ARRANGED PICKUP

FOB Point:
MONETT TMC

Purchase Order Number:
BEECHWOOD 6B STICK

BOL#/Waybill#:
99602143

Item Description	Quantity
CURTAINWALL (KIT)	
3*007001 8B	
CATEGORY 560P	21
3*007002 8B	
CATEGORY MISC	10

TOTAL NET MATERIAL	$ 3,138.89
TOTAL TAX THIS INVOICE	$ .00
TOTAL INVOICE (Dollars - Pay this amount)	$ 3,138.89

TOTAL CONTRACT EXCLUDING SALES TAX$ 42,351.00

* SEE PACKING LIST ASSOCIATED WITH THIS MATERIAL AT EFCOCORP.COM *

R E M I T T O :
* * * * * * * * * * * * * * * * *
* EFCO Corporation *
* P.O. Box 854812 *
* Minneapolis, MN 55485-4812 *
* * * * * * * * * * * * * * * * *

NO GOODS MAY BE RETURNED NOR WILL WE ACCEPT BACK CHARGES UNLESS

JCLEAR

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 1/17/2023

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY	PHONE (A/C, No, Ext): (513) 333-0700	COMPANY
Cincinnati/ AssuredPartners NL 5905 E. Galbraith Rd., Suite 5000 Cincinnati, OH 45236		National Trust Insurance Company 6300 University Parkway Sarasota, FL 34240-8424
FAX (A/C, No): (513) 333-0735	E-MAIL ADDRESS:	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: RIVECIT-09		

INSURED	LOAN NUMBER	POLICY NUMBER
River City Glass Inc dba McAndrews Windows & Glass 820 State Ave. Cincinnati, OH 45204		CPP100031698
	EFFECTIVE DATE: 12/1/2022 / EXPIRATION DATE: 12/1/2023	☐ CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc # 1, Bldg # 1, 2201 South St (aka 820 State St), Cincinnati, OH 45204, shop/warehouse

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☐ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Loc # 1, Bldg # 1		
Business Personal Property including Stored Materials	$400,000	$1,000

REMARKS (Including Special Conditions)

Special Conditions:
Stored Materials:
Value: $224,350
Location: 820 State Ave. Cincinnati, Ohio 45204
Project: Beechwood Independent Schools Phase 6B: Additions and Renovations

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS

Beechwood Independent Schools Board of Education
50 Beechwood Road
Fort Mitchell, KY 41017

☐ ADDITIONAL INSURED ☐ MORTGAGEE ☐ LENDER'S LOSS PAYABLE ☒ LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE

Jena Crawford

ACORD 27 (2016/03)

RIVECIT-09 JCLEAR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/17/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Cincinnati/ AssuredPartners NL
5905 E. Galbraith Rd., Suite 5000
Cincinnati, OH 45236

CONTACT NAME: Jake Clear
PHONE (A/C, No, Ext): (513) 333-0700 FAX (A/C, No): (513) 333-0735
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : National Trust Insurance Company	20141
INSURER B : Kentucky Employers Mutual Insurance	10320
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
River City Glass Inc dba McAndrews Windows & Glass
820 State Ave
Cincinnati, OH 45204

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X	X	CPP100031698	12/1/2022	12/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY X PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:						OH STOP GAP	$ 1,000,000
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			CA100031699	12/1/2022	12/1/2023	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE			UMB100031700	12/1/2022	12/1/2023	AGGREGATE	$ 5,000,000
	DED X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A		388551	12/1/2022	12/1/2023	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
A	Installation Floater			CPP100031698	12/1/2022	12/1/2023	Jobsite Limit	50,000
A	Property			CPP100031698	12/1/2022	12/1/2023	Per Occurrence	400,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THE FOLLOWING POLICY PROVISIONS APPLY WHEN REQUIRED BY WRITTEN CONTRACT:

Additional Insured
General Liability: CG2010 Ongoing Operations; CG2037 Completed Operations; CGL088 Lessor of Leased Equipment; CG2032
Engineers/Architects/Surveyors-Not Engaged by the Named Insured
Automobile Liability: CAU058
Umbrella follows the underlying General Liability, Auto Liability, and Employer Liability forms
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

Beechwood Independent Schools Board of Education
50 Beechwood Road
Fort Mitchell, KY 41017

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Jena Crawford

AGENCY CUSTOMER ID: RIVECIT-09 JCLEAR

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Cincinnati/ AssuredPartners NL		River City Glass Inc dba McAndrews Windows & Glass 820 State Ave Cincinnati, OH 45204
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	EFFECTIVE DATE: SEE PAGE 1
SEE PAGE 1	SEE P 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Pollution Liability: EN0111

Primary/Non-contributory
General Liability: CG2001
Automobile Liability: CAU082
Umbrella: UMB179
Pollution Liability: EN0147

Waiver of Subrogation
General Liability: CGL088
Automobile Liability: CAU058
Umbrella: CU2403
Pollution Liability: EN0109

Definition of occurrence is amended to include damage to "your work", if the damaged work or the work out of which the damage arises was performed on your behalf by a subcontractor and the "property damage" to "your work" is included in the "products-completed operations hazard".

Project – Beechwood Independent Schools Phase 6B: Additions and Renovations

Stored Materials updated to $224,350

Beechwood Independent Schools Board of Education, Codell Construction Company, Robert Ehmet Hayes & Associates PLLC, Shrout Tate Wilson, and GOP Limited are named as Additional Insured. Policy provisions stated above apply when required by written contract or agreement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
ANY PERSON OR ORGANIZATION WHOM YOU ARE REQUIRED TO ADD AS AN ADDITIONAL INSURED ON THIS POLICY UNDER A WRITTEN CONTRACT OR AGREEMENT.	ALL PROJECTS AS OUTLINED UNDER WRITTEN CONTRACT OR AGREEMENT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
ANY PERSON OR ORGANIZATION WHOM YOU ARE REQUIRED TO ADD AS AN ADDITIONAL INSURED ON THIS POLICY UNDER A WRITTEN CONTRACT OR AGREEMENT.	ALL PROJECTS AS OUTLINED UNDER WRITTEN CONTRACT OR AGREEMENT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FIRST CHOICE CONTRACTORS LIABILITY ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

NOTE: The following are additions, replacements and amendments to the Commercial General Liability Coverage Form, and will apply unless excluded by separate endorsement(s) to the Commercial General Liability Coverage Form.

The COMMERCIAL GENERAL LIABILITY COVERAGE FORM is amended as follows:

SECTION I - COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE is amended as follows:

1. **Extended "Property Damage"**

   Exclusion 2.a., Expected or Intended Injury, is replaced with the following:

   a. "Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

2. **Non-owned Watercraft**

   Exclusion 2.g. (2) (a) is replaced with the following:

   (a) Less than 51 feet long; and

3. **Property Damage Liability – Borrowed Equipment**

   The following is added to Exclusion 2.j. (4):

   Paragraph (4) of this exclusion does not apply to "property damage" to borrowed equipment while at a jobsite and not being used to perform operations. The most we will pay for "property damage" to any one borrowed equipment item under this coverage is $25,000 per "occurrence". The insurance afforded under this provision is excess over any other valid and collectible property insurance (including deductible) available to the insured, whether primary, excess, contingent or on any other basis.

4. **Limited Electronic Data Liability**

   Exclusion 2.p. is replaced with the following:

   p. Electronic Data

      Damages arising out of the loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate "electronic data" that does not result from physical injury to tangible property.

   The most we will pay under Coverage A for "property damage" because of all loss of "electronic data" arising out of any one "occurrence" is $10,000.

   We have no duty to investigate or defend claims or "suits" covered by this Limited Electronic Data Liability coverage.

   The following definition is added to **SECTION V – DEFINITIONS** of the Coverage Form:

   "Electronic data" means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software (including systems and applications software), hard or floppy disks, CD-ROMS, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

4. Paragraph 6. is replaced with the following:

6. Representations

By accepting this policy, you agree:

a. The statements in the Declarations are accurate and complete;

b. Those statements are based upon representations you made to us; and

c. We have issued this policy in reliance upon your representations.

Any error or omission in the description of, or failure to completely describe or disclose any premises, operations or products intended to be covered by the Coverage Form will not invalidate or affect coverage for those premises, operations or products, provided such error or omission or failure to completely describe or disclose premises, operations or products was not intentional.

You must report such error or omission to us as soon as practicable after its discovery. However, this provision does not affect our right to collect additional premium charges or exercise our right of cancellation or nonrenewal.

5. The following is added to paragraph 8. Transfer Of Rights Of Recovery Against Others To Us:

We waive any right of recovery against any person or organization, because of any payment we make under this Coverage Part, to whom the insured has waived its right of recovery in a written contract or agreement. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person or organization prior to loss.

6. Paragraph 10. is added as follows:

10. Liberalization

If we revise this Coverage Form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in the applicable state(s).

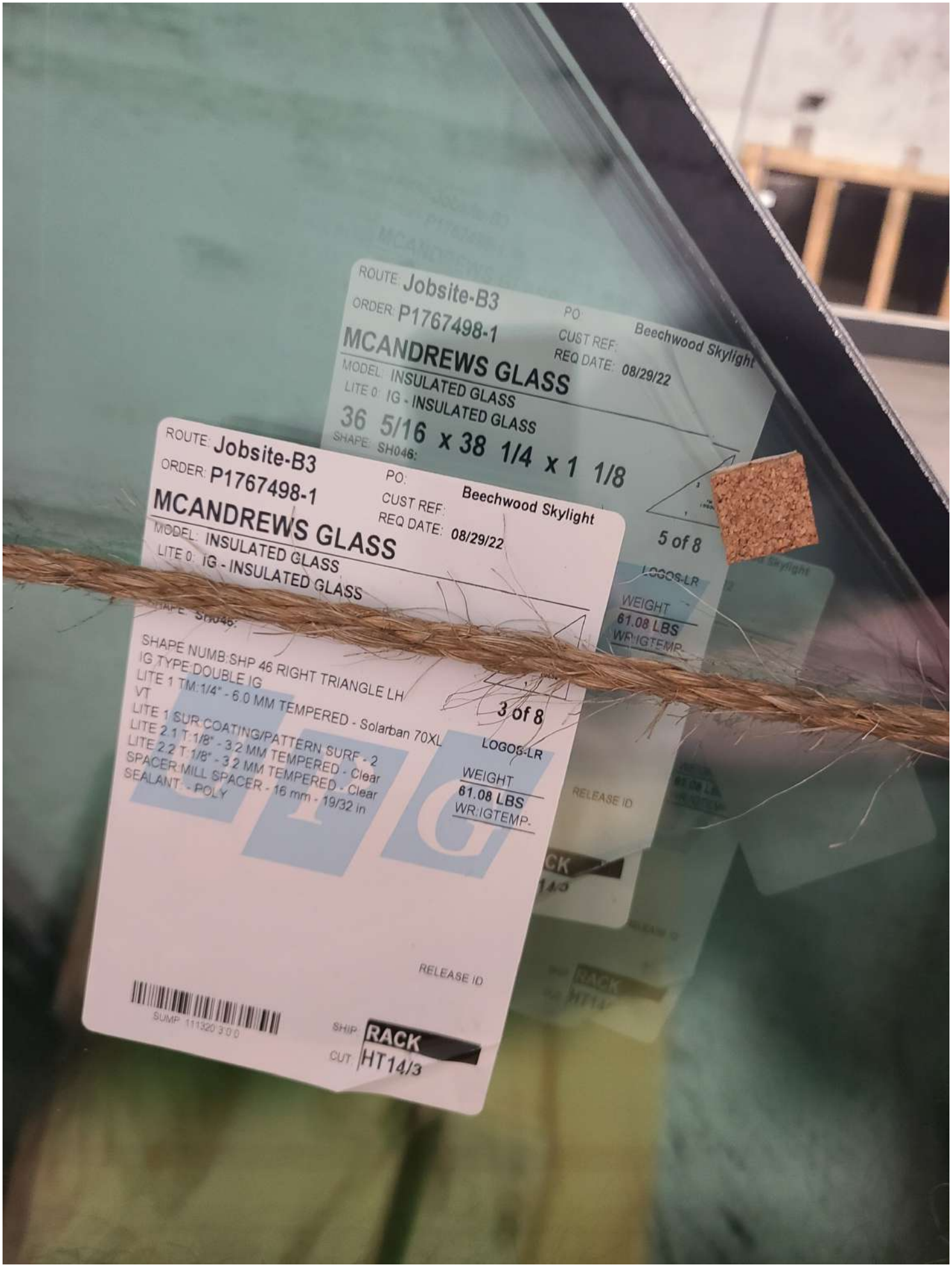

Job
Pallet
K08360A 9903
BEECHWOOD INDEPENDENT SCHOOLS PH 6B
8 Units
0 Cartons
10/26/2022 09.13.35 LVILLA


SQ-CUT
Purchase Order#
BEECHWOOD 6B STICK
BEECHWOOD INDEPENDENT SCHOOLS 07/2022
EFCO Contract#
K-0836 -03/ 8A
Week
36
Carton#
3531
Qty
2
Mark
9202 @ 290 One Piece Mullion SQ-C
PNTKCLC68
Item
27
CUSTOMER ARRANGE PICKUP MONETT, MO
Purch Order#
BEECHWOOD INDEPENDENT
BEECHWOOD 6B STICK
O Contract#


Purchase Order#
BEECHWOOD 6B STICK
BEECHWOOD INDEPENDENT SCHOOLS/17/2022
EFCO Contract#
K-0836 -03/8A
Week
40
Carton#
3543
Qty
2
Mark
13KO @ 290 2 1/2" X 6" ROLL-ON HO
PNTKY2C21
Item
53
BEECHWOOD INDEPENDENT SCHOOL12/01/2022
6B STICK
0836 -03/8B
Week
40
Carton#
3501
3549
Qty
4
Mark
1G64 @ 290 Interior Sill Flashing
PNTKY2SP1
Item


Job
K08360A
Pallet
9906
BEECHWOOD INDEPENDENT SCHOOLS PH 6B
8 Units
0 Cartons
10/26/2022 17 20.23 DALVAREZ

YKK AP
Quality Supplies


ROUTE: Jobsite-B3
ORDER: P1767498-1
PO:
CUST REF: Beechwood Skylight
REQ DATE: 08/29/22
MCANDREWS GLASS
MODEL: INSULATED GLASS
LITE 0: IG - INSULATED GLASS
36 5/16 x 38 1/4 x 1 1/8
SHAPE: SH046:
5 of 8
LOGOS-LR
WEIGHT
61.08 LBS
WR:IGTEMP-
ROUTE: Jobsite-B3
ORDER: P1767498-1
PO:
CUST REF: Beechwood Skylight
REQ DATE: 08/29/22
MCANDREWS GLASS
MODEL: INSULATED GLASS
LITE 0: IG - INSULATED GLASS
SHAPE NUMB:SHP 46 RIGHT TRIANGLE LH/
IG TYPE:DOUBLE IG
LITE 1 TM:1/4" - 6.0 MM TEMPERED - Solarban 70XL
VT
LITE 1 SUR:COATING/PATTERN SURF - 2
LITE 2.1 T:1/8" - 3.2 MM TEMPERED - Clear
LITE 2.2 T:1/8" - 3.2 MM TEMPERED - Clear
SPACER:MILL SPACER - 16 mm - 19/32 in
SEALANT - POLY
3 of 8
LOGOS-LR
WEIGHT
61.08 LBS
WR:IGTEMP-
RELEASE ID
SUMP: 111320 3:0:0
SHIP RACK
CUT HT14/3


SILVERADO

ROUTE: Columbus
ORDER: P1772752-3

PO: BEECHWOOD 6B
CUST REF: BEECHWOOD 6B
REQ DATE: 08/04/22

MCANDREWS GLASS

MODEL: INSULATED GLASS
LITE 0: IG - INSULATED GLASS

28 1/4 x 86 1/2 x 1

SHAPE: NONE

1 OF 1

IG TYPE: DOUBLE IG
LITE 1 TM: 1/4" - 6.0 MM TEMPERED - Gray
LITE 2 T[illegible] MM TEMPERED - Solarban 70XI
VT
LITE 2 SUR[illegible] ETCHING/PATTERN SHEET
SPAC[illegible] - 14[illegible] - 17[illegible]2 in
SEAL[illegible]T

RELEASE ID

G - BEECHWOOD 6B

SUMP 112517 51 0 0

SHIP:

CUT: AT108/11.1