



Levittown Memorial Education Center
 Abbey Lane
 Levittown, New York 11756
Success for Every Student



Mr. J. Keith Snyder
 Director of Physical Education/Athletics
 516-434-7265
 Fax: 516-520-8316

CLAIM FORM

Date of Game _____

Between _____ and _____
 (home school) (visiting school)

CHECK ONE: VARSITY _____ JUNIOR VARSITY _____

7/8 _____

FEE: \$ 80.00

=====

TO BE FILLED OUT IN DUPLICATE BY EMERGENCY MEDICAL TECHNICIAN

This is to certify that the materials and services charged in the above account or claim and included in same, amounting to \$80.00 have been actually performed for, furnished and/or delivered to the Levittown Union Free School District, Board of Education, Levittown, NY; that said claim is just, due and unpaid and that there are no offsets against the same; that the items and specifications are correct; that the sums charged are reasonable and just; that no payment has been made on account thereof; except as included or referred to in such account or claim.

E.M.T.s Signature _____ School _____
 Address _____ Approved for payment by: _____
 Town _____ Coach _____
 Phone # _____ Director for PE/Athletic _____
 Social Security # _____

This form must be made out in duplicate

Coach has E.M.T. fill in and sign two copies. The two copies are then forwarded to the Director for Physical Education/Athletics.

E.M.T.'s NAME: _____
 (Please print)