



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

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**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 # \_\_\_\_\_

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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)