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: $ 100.00

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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 $100.00 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 # XXX-XX- __ __ __ __

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