		CLAIM FORM	
WRENCE UNION FRED. BOX 477 WRENCE, NEW YOR		DISTRICT PURCHA: VENDOR	SE ORDER NO NO
NDOR NAME			
DRESS			
			PHONE
cial Security No.	2		the second of the
CODE	QUANTITY	DESCRIPTION	AMOUNT
A9060.800.00.9005		VISION REIMBURSEMENT	
		T.M.	
		LTA	,
	-	Local 237	
,	+	ESA	
	1	Confidential	
		LFMA	
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D; that said claim is justifications therein are corre	t, due and unpa ect, that the suma uded or referred to	ials and supplies charged in the above a actually been performed, furnished aid, and that there are no offsets as charged are reasonable and just; the o in such account or claim.	and/or delivered to the Lawrence gainst same; that the items and at no payment has been made on
SISTATIONE STOCKING IN		TITLE	DATE
SIGNATURE OF	SUPERVISOR	TITLE	DATE
by Gerny-thal this fill has git has been completed a	beer rendered in inche materials o	OFFICEUSEONLY Tecontlance with the contract agreem telivered satisfactority:	nent or accepted estimate and that
SIGNATUR	GEPURCHASI	NG/AGENT	