Mountain Lakes Regional EMS Council, Inc.
375 Bay Road, Suite 202 Queensbury, NY 12804
(518) 793-8200

Claim Form

CLAIMANT NAME, ADDRESS, PHONE AND EMAIL (IF ASSOCIATED WITH AN EMS COURSE, INCLUDE SSN)

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DATE	QUANTITY	DESCRIPTION (INCLUDE COURSE NUMBER IF APPLICABLE)	UNIT PRICE	TOTAL
			SUBTOTAL	
			OTHER	
			TOTAL	

_____

Claimant Signature **Date**

OFFICE STAFF USE ONLY

FUND APPROPRIATION	AMOUNT	

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Mountain Lakes Regional EMS Council Approval

_____/_____/_____

Date