

LIDO AND POINT LOOKOUT FIRE DISTRICT WARRANT OF CLAIMS

Week Number: 52C – December 28, 2022

Date	Type	Name	Memo/Description	Amount
12/27/2022	Check	VERIZON	Acct. # 751-449-189-0001-69	-318.90
			Acct. # 751-449-189-0001-69	318.90
12/27/2022	Check	South Shore Fire & Safety Equipment Distributors Inc.	Inv. # 0151843 - Equipment Service Tic # 657979, 657978, 657053	-316.60
			Inv. # 0151843 - Equipment Service Tic # 657979, 657978, 657053	316.60
12/27/2022	Check	Island Occupational Medical Resources, P.C.		-2,720.00
			Dept Physicals - Inv. #'s 70299,70394,70347,70346,70329,70324,70326,70303	2,720.00
12/27/2022	Check	CHASE	Credit Card 4246315245674401	-866.60
			11/29, 12/16 - Postage T.Ryan	15.94
			11/29 - Call A Head T Ryan	800.00
			12/12 - Late Fee	39.00
			12/18 - Interest	11.66
<p>4 Checks to be Printed for A Total of \$4,222.10 NO ENTRIES APPEAR BELOW THIS SECTION</p>				

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WARRANT OF CLAIMS**

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NOW, THEREFORE, BE IT RESOLVED that the Lido and Point Lookout Board of Fire Commissioners, having received all claim vouchers listed on the Warrant of Claims together with supporting documentation and is approving them for payment and orders the payment thereof by the Fire District Treasurer in the amounts approved. The Warrant of Claims shall be annexed to the Minutes of the Public Meeting approved by the Board of Fire Commissioners.

Commissioner _____ made the motion; the motion was seconded by Commissioner _____.
Approved: _____: _____ at a duly constituted meeting of the Board of Fire Commissioners on December 28, 2022.

_____ Greg Naham, Chairman

_____ Charles Thompson, Vice-Chairman

_____ Jack Paz, Commissioner

_____ Andrew Richter, Commissioner

_____ Peggy Pogue Steiner, Commissioner

**STATE OF NEW YORK
COUNTY OF NASSAU**

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public's Signature: _____ Printed Name: _____ My Commission Expires: _____