



INTER-OFFICE MEMORANDUM

TO: Town Board
FROM: Bookkeeping
DATE: May 28, 2015
SUBJECT: Budget Modifications

Please review the following Budget Modifications submitted for approval.

Once approved or rejected, please return the **originals** to Bookkeeping so that we may process and record.

Thank you.

✓

May 26, 2015
12:09 PM

THE TOWN OF NEW PALTZ
Cash Receipts Entry Verification Listing

Page No: 1

Batch Id: R052615A Deposit Date: 05/20/15 Batch Type: Standard Bank Id: MM MMA A FUND MONEY MARKET

Account No.	Type	Account Description	Check	Amount	Seq
Source Source Name		Entry Description	Bank Bank Name		
AAA-980-2680-000	Revenue	INSURANCE RECOVERIES	103047168	1,065.05	1
MISC MISC		ENCOMPASS; INSURANCE CLAIM FORD 7F347	MM MMA A FUND MONEY MARKET		
Db: AAA-204-0000-000	CASH-MONEY MARKET SAVINGS		Cr: AAA-980-2680-000	INSURANCE RECOVERIES	

Entries: 1 Amount: 1,065.05

There are NO errors or warnings in this listing.

ENCOMPASS INSURANCE
P O BOX 5000
GLENS FALLS NY 12801

Theresa



TOWN OF NEW PALTZ
PO BOX 550
NEW PALTZ NY 12561

000002026002386881030471680000000000888

AG802680.0 Insurance Recoveries

* To expedite handling of your claim, please include our claim number on all future correspondence to us. Claim Number * Z6 238688DC

Insured/Client JANE K TAYLOR, ROBERT E TAYLOR		Claimant TOWN OF NEW PALTZ/CONTACT THER		ATT 05/08/15			
Date of Loss 05/02/15	Total WC Ind to Date	From - thru Dates	Suff/DT 011	TRAN Code 22	EXP	Pay Code	Amount \$1,065.05
							\$1,065.05

Reason
CLAIM FOR PROPERTY DAMAGE

To ensure timely delivery of your check, please verify that the address on this check is complete and correct. If not, please notify your claims representative with the correct information. Thank you.

ALBL03 12.09.08 PLEASE DETACH BEFORE CASHING

UNDERWRITTEN BY
ENCOMPASS INSURANCE COMPANY OF AMERICA

103047168
Date Issued
05/08/15

9861844
441
Bank Acct
634865836

VOID IF BLUE BACKGROUND IS ABSENT THIS DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW

Claim Number Z6 238688	Desk Code DO	Insured/Client JANE K TAYLOR, ROBERT E TAYLOR	Issuing Off. No. Z6
Prefix & Contract No. US 104841378	Claimant TOWN OF NEW PALTZ/CONTACT THER	Date of Loss 05/02/15	
From-thru (Dates)		In Payment of CLAIM FOR PROPERTY DAMAGE	

PAY ONE THOUSAND SIXTYFIVE AND 05/100THS Dollars

TO TOWN OF NEW PALTZ
THE P.O. BOX 550
ORDER NEW PALTZ NY 12561
OF

JPMorgan Chase Bank, N.A.
Columbus, Ohio

Dollars • Cents
*****\$1,065.05

Randy Miller

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈0103047168⑈ ⑈044115443⑈ 634865836⑈