



NASSAU COUNTY LIBRARY ASSOCIATION

2025

Request for Payment

Attach bill, receipt, etc.

Send as follows to:

Melanie Davidoff

Port Washington Public Library

One Library Drive

Port Washington, NY 11050

(516) 883-4400 ext. 1902

Email: davidoffm@pwpl.org

Date: _____

Check should be made payable to: _____

Amount: _____

Explanation: _____

Account: _____

(Division, Committee, etc.): _____

Check should be sent to: _____

Name/Library: _____

Address: _____

Town, State, Zip: _____

Signature: _____

Approved for Payment: _____

Received by Treasurer: _____

Date: _____

Date: _____

President's Signature: _____

Account: _____

Check Number: _____