



NASSAU COUNTY LIBRARY ASSOCIATION

2026

Request for Payment
Attach bill, receipt, etc.

Send as follows to:

Michelle Samuel

Oceanside Library
30 Davison Avenue
Oceanside, NY 11572
(516) 766-2360 ext. 318

Email: msamuel@oceansidelibrary.com

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: _____