

CITY OF NEW BEDFORD
Schedule of Departmental Payments to Treasurer
Reimbursing Expense/Auditor Approval

Department/Contact: S. Thomas/CFO's Department Ext 61441
GL String: [REDACTED]
Treasury: [REDACTED]

Date: 4/29/2025

Charge Code AMISC

From Whom	Source (cash, check, etc)	Amount	Total
Mayor J. Mitchell	Check # [REDACTED]	\$ 900.00	<div></div>
	Longevity - \$450. in FY23		
	Longevity - \$450. in FY24		
			\$ 900.00

To the City Treasurer:

The above is a detailed list of revenue collected by me, amounting in the aggregate of

NINE HUNDRED AND 00/100----- Dollars

Receipt#

Signature: _____

Auditor: _____

Title: Asst to the CFO

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			\$ 900.00

To the Departmental Officer making the Payment

Received in Treasurer's Office _____, the sum of

NINE HUNDRED AND 00/100----- Dollars

for collections, as per schedule of this date, filed in my office

Receipt#

City Treasurer

Auditor: _____

By _____

ANN H PARTRIDGE
JONATHAN F MITCHELL
15 MORELAND TER
NEW BEDFORD, MA 02740-3456

4/29/25

Date

Pay To The
Order Of

City of New Bedford

\$ 900.00

Nine hundred and 00/100

Dollars



Photo
Safe
Deposit®
Details on back

BANK OF AMERICA



For

Return of Longevity pay

[Signature]

MP