

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:
Treasury:

Date: 4/29/2025

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

Date: 4/29/2025
Code AMISC

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

City Treasurer

Receipt#

By

Auditor: _____

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

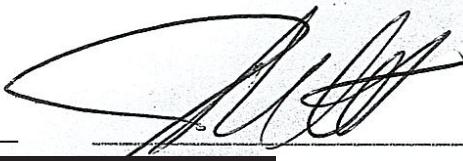
Nine hundred and ⁰⁰ Two

Dollars

Photo
Safe
Deposit
Details on back

BANK OF AMERICA

For *Return of Longevity pay*



MP

Harland Clarke