Do not include items for different orders on the same claim.

ORIGINAL CLAIM

The Board of Education LONG BEACH CITY SCHOOL DISTRICT

Long Beach, NY 11561



Date:			
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School				Pay to:			
Eyeglass Reimbursement Please write name & address on lines above. Please write reimbursement amount in the amount column for your Group. Reimbursement amount can not exceed maximum amount for your group. Reimbursement amount can not exceed maximum amount for your group. Reimbursable Prescription eyeglasses Eye Exams are not Reimbursable Maximum for Group A is \$400.00 Maximum for Group B is \$400.00 Maximu			_				
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