THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
1 CENTRE STREET, NEW YORK, N.Y. 10007-2341

MEMO #1

TO:
FROM:
DATE:
SUBJECT:

Vendor Name	Vendor Number	Check Amount
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]