

CLAIM FORM

FEB 06 2024
ATTORNEY'S OFFICE

TAX EXEMPT TAX ID. NO. > 14-6002563

SOLD TO COUNTY OF ALBANY, NEW YORK		LEAVE THESE SPACES BLANK	
CLAIMANT <u>Bond Schoeneck & King, PLLC</u>		RECEIVED FOR AUDIT	AMOUNT
ADDRESS <u>22 Corporate Woods Blvd., Ste. 501</u>		ORDER	EXTENSIONS
OFFICE OR DEPARTMENT <u>Public Works</u>	CODE	CLAIM APPROVED THIS DATE 20 FOR \$	
DATE PAID		AUDITOR	
CHECK NO.		SIGNED:	

P.O. NO.	QUANTITY	DESCRIPTION OF ITEMS OR WORK PERFORMED <small>LIST INVOICE OR SALES SLIP NUMBERS IF AVAILABLE</small>	UNIT PRICE	AMOUNT
		Review of Grant Disbursements - Bill #20004884 <i>2024 = 1704 contract</i>		\$12,095.00
Claims must be rendered in DUPLICATE to head of department for which services or materials are furnished.				TOTAL
				\$ 12,095.00

CERTIFICATE OF CLAIMANT

I, Matthew Young do hereby certify
(Print or type name of person certifying, whether claimant, member of firm, or officer of corporation)

that I am a Member of Bond Schoeneck & King, PLLC (if individual, leave blank; if partner, write "a member of the firm (naming the firm)"; if corporation, title of officer and name of corporation) and that this claim is true and correct and that the amount claimed is due, owing and unpaid; that the services were actually rendered, the disbursements actually and necessarily made or the supplies or equipment actually delivered and that the consideration has passed to the County of Albany as stated herein; that no Federal or State taxes for which the County is exempt are included in the purchase price. Certified true and correct.

NOTICE TO INDIVIDUAL CLAIMANTS
If this claim is being submitted for payment to an individual for services rendered or for any reason other than reimbursement of expenses incurred on county business, you must supply your Fed. Tax ID. No. or your Social Security No. in the space provided.

FEDERAL TAX IDENTIFICATION NO. OR SOCIAL SECURITY NO. _____

Bond Schoeneck & King, PLLC
CLAIMANT

Dated February 6, 2024 By _____

CERTIFICATE OF APPROVAL BY DEPARTMENT HEAD OR OFFICER THROUGH WHOM CLAIM ORIGINATED
I hereby certify that the services enumerated in this claim were actually rendered by the persons named; the disbursements made; or the supplies or equipment were actually delivered, accepted, counted and inspected by me and are satisfactory and of the quantity and quality specified in such claim; that the contract price has been earned; that the services, disbursements, supplies or equipment were necessary and have been, or will be, applied to the use of this department.

Dated 3/1/2024

Head of Department

CLAIM NO. _____

BOND, SCHOENECK & KING, PLLC
ATTORNEYS AT LAW

Federal Tax ID [REDACTED]

22 Corporate Woods Boulevard, Suite 501
Albany, New York 12211-2503

TEL: (518) 533-3000
FAX: (518) 533-3299

February 5, 2024
Bill Number: 20004884

Eugenia Condon, Esq.
Albany County
112 State Street
Albany, NY 12207

Total Legal Services:	\$12,095.00
Total Disbursements:	<u>\$0.00</u>
Total This Invoice:	<u><u>\$12,095.00</u></u>

Accounts Are Due Within 30 Days.

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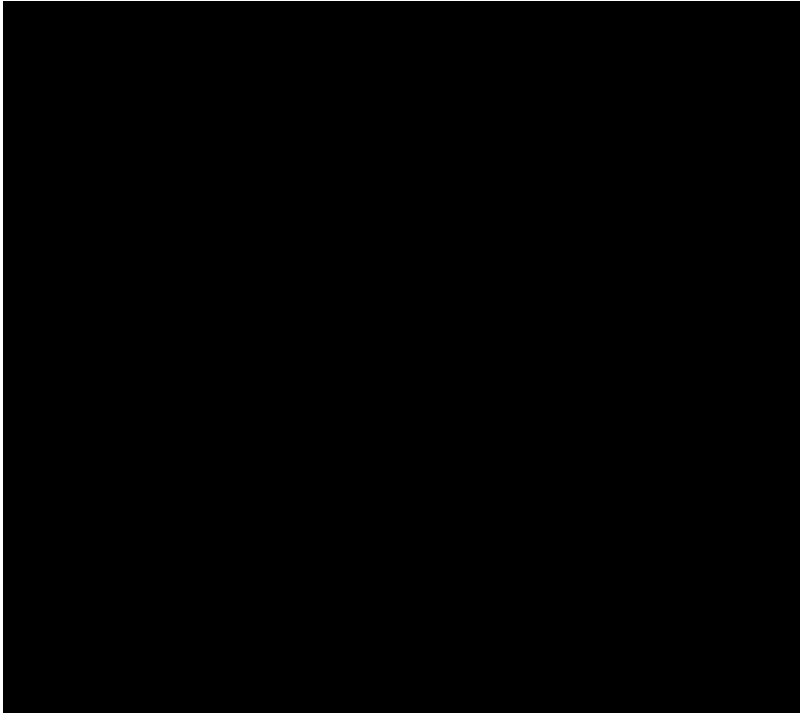
TEL: (518) 533-3000
FAX: (518) 533-3299

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Albany County
112 State Street
Albany, NY 12207

For Legal Services Rendered through 01/31/24.

Review of Grant Disbursements
Client Matter # 111450.447932

<u>Date</u>	<u>Init.</u>	<u>Hours</u>	<u>Description</u>
01/08/24	MAY	1.00	
01/09/24	EAA	2.00	
	MAY	1.20	
01/10/24	EAA	1.30	
	MAY	0.70	

Accounts Are Due Within 30 Days.

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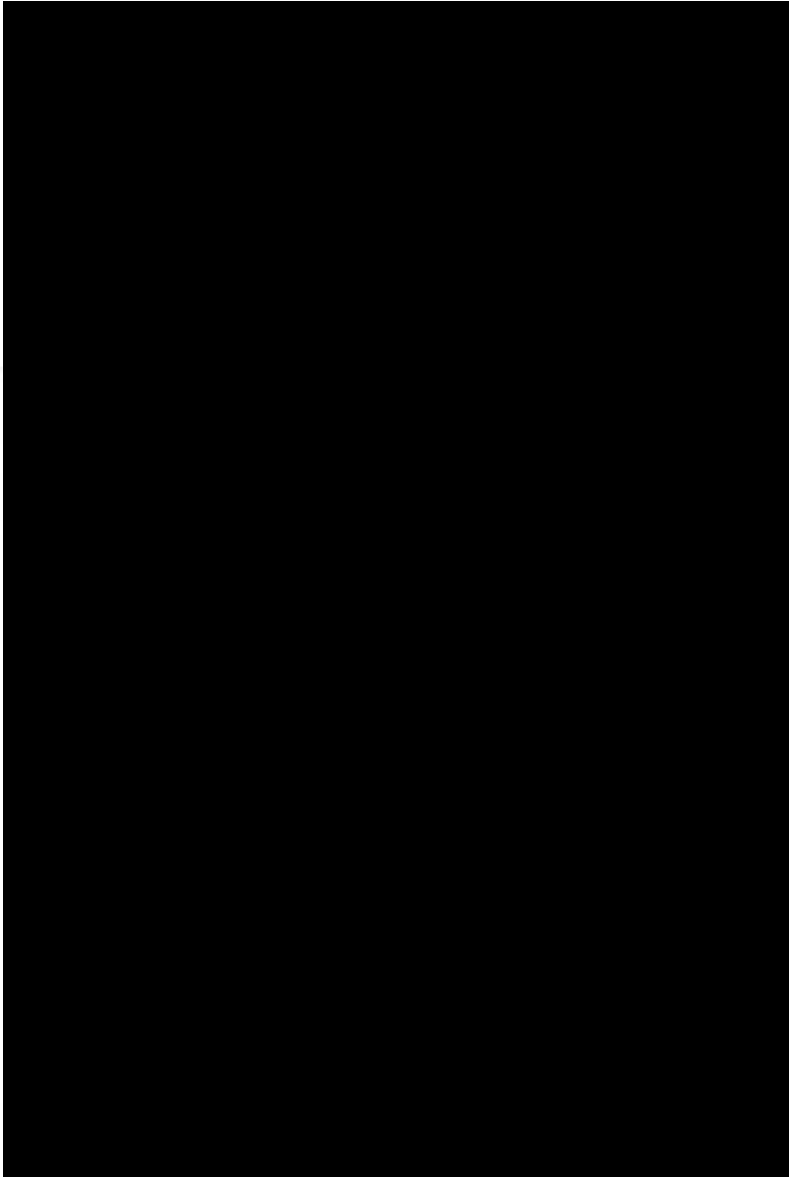
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<u>Date</u>	<u>Init.</u>	<u>Hours</u>	<u>Description</u>
01/11/24	MAY	0.50	
01/12/24	EAA	2.10	
	MAY	0.70	
01/16/24	EAA	3.00	
	MAY	0.70	
01/17/24	EAA	3.00	
01/18/24	EAA	1.40	
	MAY	1.20	
01/19/24	EAA	2.10	
	MAY	0.70	

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Date Init. Hours Description

01/20/24 EAA 1.00

MAY 0.70

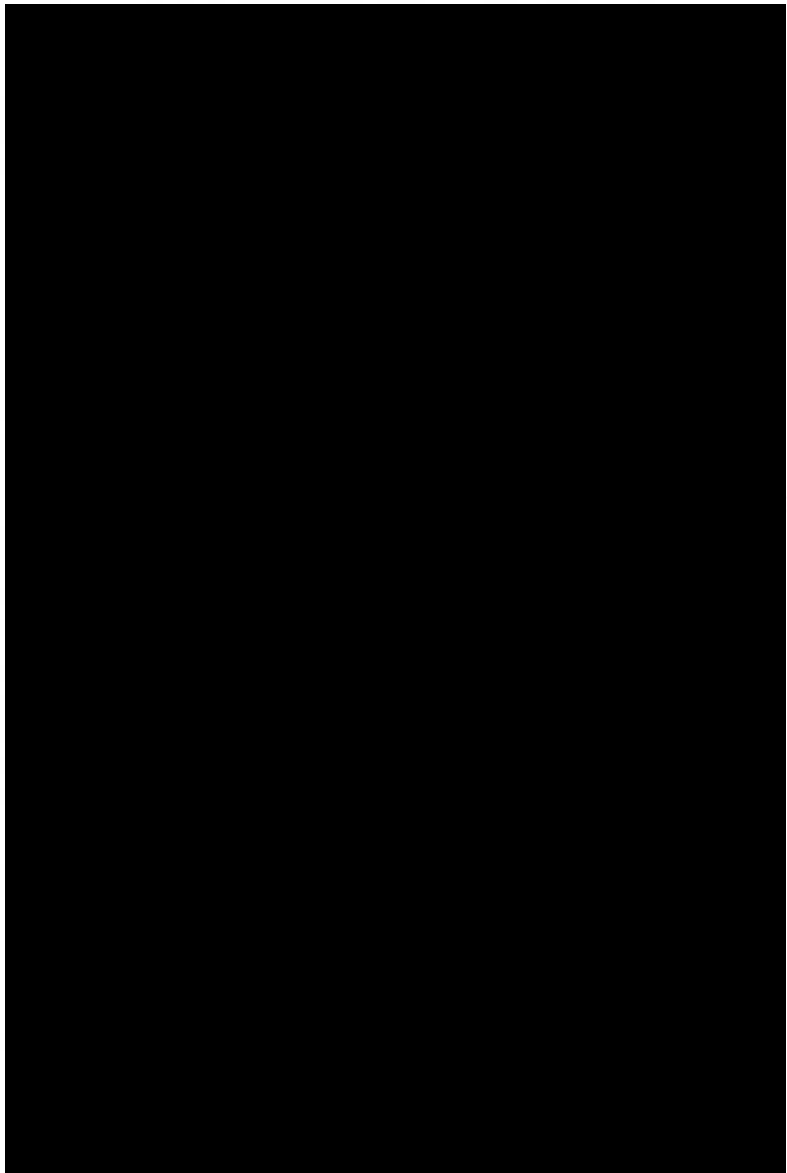
01/22/24 EAA 3.10

MAY 3.90

01/23/24 EAA 2.90

MAY 1.90

01/24/24 EAA 0.50



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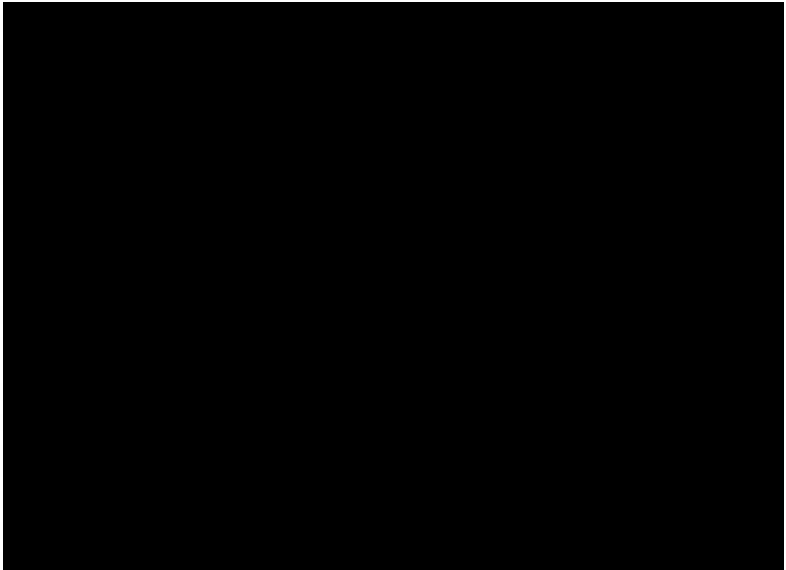
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Albany County

<u>Date</u>	<u>Init.</u>	<u>Hours</u>	<u>Description</u>
	MAY	0.50	
01/25/24	MAY	0.50	
01/26/24	EAA	0.20	
	MAY	0.50	

Total Fees for Matter: \$12,095.00

<u>Matter Summary by Name</u>	<u>Hours</u>	<u>Rate</u>	<u>Total</u>
M. A. Young	14.70	\$400.00	\$5,880.00
E. A. Ahlqvist	22.60	275.00	6,215.00
Total	37.30		\$12,095.00

TOTAL FOR THIS MATTER \$12,095.00

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Albany County
112 State Street
Albany, NY 12207

REMITTANCE ADVICE

*Please return this page with your payment in US Funds to:
Bond, Schoeneck & King, PLLC
P.O. Box 11607
Syracuse, NY 13218*

Client ID: 111450

Matter ID: 447932

Total Legal Services	\$12,095.00
Total Disbursements	<u>0.00</u>
Total for Bill Number : 20004884	<u><u>\$12,095.00</u></u>

Effective 6/01/22 – New Banking Information
Use the following instructions if you wish to send a wire or ACH payment of this bill:
*ABA #: 021307559
Bank: Community Bank, N.A., 5790 Widewaters Parkway, DeWitt, NY 13214
Account #: 3250226184 Bond, Schoeneck & King, PLLC
Reference: Name and Account or Bill Number
SWIFT #: COUYUS31 (for international wires only)*

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