



SAINT VINCENTS CATHOLIC MEDICAL CENTERS OF NEW YORK

OK Alenayeh  
9/22/09

- 131 Bayley Seton, Staten Island
- 112 Monsignor Fitzpatrick
- 111 St. Mary's, Brooklyn
- 800 Corporate
- 511 Bishop Mugavero, Brooklyn
- 530 St. Elizabeth Ann, Staten Island
- 150 St. Vincent's, Manhattan
- 790 Foundation
- 510 Holy Family, Brooklyn
- 110 St. John's Queens
- 130 St. Vincent's, Staten Island
- 109 Central Office 80
- 112 Mary Immaculate, Queens
- 113 St. Joseph's, Queens
- 350 St. Vincent's, Westchester
- Other \_\_\_\_\_

CHECK REQUEST

Foundations  
RECEIVED

INSTRUCTIONS:

1. All items must be COMPLETED or the form will be returned. (Please PRINT or TYPE all information.)
2. ORIGINAL DOCUMENTATION is required as support for this check request.
3. All signature(s) must be obtained before forwarding to Accounts Payable.  
Admin. Director signature required for amounts less than \$2500.00.  
Vice President Signature required for amount over \$2500.00, but less than \$10,000.00.  
SVC. Division Pres./Corp. SVP Signature required for amount over \$10,000.00 (if appropriate).
4. All check(s) will be mailed out directly from Accounts Payable unless there is a VALID reason for returning.
5. Please make sure the company #, accounting unit and account are correct.
6. Please review the decision matrix guidelines for check requests.

SEP - 1 2009

ACCOUNTS PAYABLE

A/P DATE STAMP

IN ORDER FOR ACCOUNTS PAYABLE TO PROCESS YOUR CHECK REQUEST IN A TIMELY MANNER, PLEASE FOLLOW THE INSTRUCTIONS ABOVE.

DATE	MONTH	DAY	YEAR	FROM:	NAME / COMPANY	DEPARTMENT	PHONE
	08	26	09		Sr. Miriam Kevin Phillips	Mission	(212) 604-7412

P A Y E E	NAME	Holy Land Art Company
	ADDRESS	12 Sullivan Street Westwood, NJ 07675
	TAX I.D. NO. OR SOC. SEC. NO.	

Request for Return Check? See instructions above
TO:
LOCATION:
Reason _____

Explanation / Reason for Check? Chapel Maintenance / Painting repairs

CHECK REQUEST AMOUNT
10,730.00

COM-PANY	ACCTG. UNIT	ACCOUNT	SUB ACCT.	AMOUNT
1502	1506	73570		11073000
TOTAL AMOUNT →				11073000

See instructions above
ADMIN: DIRECTOR
VICE PRESIDENT SIGNATURE
Sr. Miriam K. Phillips SVC. DIVISION PRES. / CORP. SVP
FINANCE / GRANTS APPROVAL

AREA BELOW TO BE COMPLETED BY FINANCE

VENDOR NUMBER	VOUCHER NUMBER	INVOICE NUMBER	INVOICE DATE
PURCHASE ORDER #	PAY GROUP	MANUAL CHECK #	MANUAL CHECK DATE
1099 VENDOR			YES / NO



# Holy Land Art Company

12 Sullivan Street • Westwood, NJ 07675

(201) 666-6604 • FAX (201) 666-6069

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## Proposal

*Copy*

PROPOSAL SUBMITTED TO:	DESCRIPTION OF JOB
St. Vincent's Hospital and Medical Center	Chapel Painting Repairs
153 West 11 <sup>th</sup> Street	
New York, NY 10011	
ATTN: Sr. Kevin	Date August 13, 2009
	Phone 212-604-2061

General painting repairs to specific area in the Hospital Chapel. The work will include scraping and patching and sanding and peeling or loose paint, priming the area as required and finishing with the flat latex paint. The areas covered are as follows:

- Side Sanctuary Panels – Located on either side of the sanctuary behind the marble statues of St. Joseph and Our Lady. Excludes and molding or trim work  
Unit Cost @ \$650.00 each \$1,300.00
- Side HVAC Panel Areas – Located on the east and west side areas of the Chapel. Includes wiping down and cleaning the HVAC covers.  
Unit Cost @ \$425.00 each \$4,250.00
- Upper arched areas over Windows including the flat wall area and decorative arches.  
Unit Cost @ \$385.00 each \$3,850.00
- The window wall area for the second left window from the Sanctuary on the east side.  
Unit Cost @\$480.00 each \$480.00
- Standard set up costs – Scaffold, ladders, cleaning of areas, etc. \$850.00  
Total – All Areas \$10,730.00

*Copy*

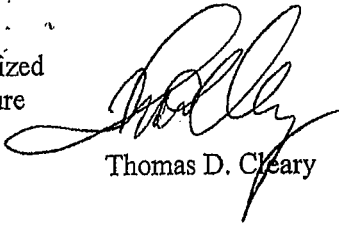
**Notes:**

- Timeframe is approximately two to three weeks depending on Chapel Use.

We hereby propose to supply the above as outlined for the total amount of \$10,730.00. The full amount is due upon completion of the work.

All material is guaranteed to be as specified. All work is to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above estimate. All agreements are contingent upon strikes, accidents or delays beyond our control and owner to carry fire and other necessary insurance.

Authorized  
Signature



Thomas D. Cleary

NOTE: This proposal may be withdrawn by us if not accepted within 10 days, or 08/24/09.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are hereby authorized to do the work as specified. Signature Payment will be made as outlined above.

Date Accepted (X) 8/25/09

Signature (X) Sr. Miriam Kevin Phillips S. V. P.

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