

REQUEST FOR CREDIT

C-107

Claim No. _____ WCB No. _____

(Place) NY (Date)

Received from _____, employer
_____ dollars, and _____ cents.
(\$ _____), being payment made by said employer under the provisions of the Workers'
Compensation Law, to _____, employee for compensation
on account of disability resulting from injury sustained by said employee on _____, at
_____, NY

This payment covers period from _____ to _____. \$ _____
(Sign Here) _____
(Employee signature)

TO THE WORKERS' COMPENSATION BOARD:

In accordance with the payment or award in the above case and evidenced by this receipt, the undersigned employer hereby makes request for credit in full, in accordance with the provisions of the law, of the amount herein named.

Signed: _____ Employer
(Must be signed by Employer)

Date: _____