



CASTAGNA & SON *builders*

2110 NORTHERN BOULEVARD, MANHASSET, NEW YORK 11030

A 7880

Jahn Roden & Modern Art Foundry
Inc,
23 Cranberry St.
Brooklyn Heights, N.Y.

DATE	INVOICE NUMBER	JOB NUMBER	VENDOR NUMBER	REG. NO.	INVOICE AMOUNT	DISCOUNT	NET PAYABLE	PROOF
12 2 66		16180,017			5,000.00		5,000.00	
PAYMENT ON ACCOUNT OF AGREEMENT FOR SCULPTOR SCULPTOR WORK ETC FOR THE HARLEM HOSPITAL								



CASTAGNA & SON builders

2110 NORTHERN BOULEVARD, MANHASSET, NEW YORK 11030

A 7537

John Rhoden & Modern Art Foundry Inc
Joint Venture
23 Cranberry St
Brooklyn Heights New York

DATE	INVOICE NUMBER	JOB NUMBER	VENDOR NUMBER	REG. NO.	INVOICE AMOUNT	DISCOUNT	NET PAYABLE	PROOF
72 2 66	PAYMENT ON ACCOUNT OF AGREEMENT FOR SCULPTOR WORK ETC FOR THE HARLEM HOSPITAL				6000.00		6000.00	
		16	180,017					



CASTAGNA & SON *builders*

2110 NORTHERN BOULEVARD, MANHASSET, NEW YORK 11036

A 9447

John Rhoden & Modern Art Foundry Inc

23 Cranberry St.
Brooklyn Heights, N. Y.

DATE	INVOICE NUMBER	JOB NUMBER	VENDOR NUMBER	REG. NO.	INVOICE AMOUNT	DISCOUNT	NET PAYABLE	PROOF
52 5 67		16	180,017		7,000.00		7,000.00	
	PAYMENT ON ACCOUNT OF AGREEMENT FOR SCULPTOR WORK FOR HARLEM HOSPITAL.							



CASTAGNA & SON, INC.

2180 NORTHERN BLVD., MANHASSET, NEW YORK 11030

C05319

VENDOR NUMBER	JOB NUMBER	INVOICE NUMBER	DATE	INVOICE AMOUNT	DISCOUNT	NET PAYABLE
18017	16	0.	7-23-69	2000.00	0.00	2000.00
FULL AND FINAL PAYMENT FOR OUR AGREEMENT FOR SCULPTOR WORK INCLUDING ALL EXTRAS, CREDITS, ETC. FOR HARLEM HOSPITAL JOB. NO FURTHER CLAIMS OF ANY KIND.						

**CASTAGNA & SON, INC.**

2110 NORTHERN BLVD., MANHASSET, NEW YORK 11030

C04236

VENDOR NUMBER	JOB NUMBER	INVOICE NUMBER	DATE	INVOICE AMOUNT	DISCOUNT	NET PAYABLE
18017	16	0.	4-18-69	3000.00	0.00	3000.00
PAYMENT ON ACCOUNT OF AGREEMENT FOR SCULPTOR WORK HARLEM HOSPITAL JOB.						FOR



CASTAGNA & SON *builders*

2119 NORTHERN BOULEVARD, MANHASSET, NEW YORK 11030

B 2111

John Rhoden & Modern Art Foundry Inc.
23 Cranberry St.
Brooklyn Heights, N. Y.

DATE	INVOICE NUMBER	JOB NUMBER	VENDOR NUMBER	REG. NO.	INVOICE AMOUNT	DISCOUNT	NET PAYABLE	PROOF
3 6 68		16	18017		5,000.00		5,000.00	
PAYMENT ON ACCOUNT OF AGREEMENT FOR SCULPTOR WORK ETC. FOR HARLEM HOSPITAL.								