INSERT

B

ASSOCIATION ______________________________ NO. ________

ALL LINE NUMBERS MUST BE ENTERED

LOCAL RELIEF PAID

"*"	CO. NO.	LINE. NO.	NAME	STATUS			AMOUNT
				ACTIVE	RETIRED	WIDOW WIDOWER	
							$

IF ADDITIONAL SPACE IS NEEDED, PLEASE MAKE COPIES OF "B" SECTION.

GRAND TOTAL RELIEF PAID $________
(LIST ON LINE 17)

NOTE: Recipients of Supplementary Relief Grants approved by N.J. State Firemen's Assn. must be preceded with an "*" asterisk when listing.