# *NEW JERSEY STATE FIREMEN'S ASSOCIATION*

**1700 Galloping Hill Road • Kenilworth, New Jersey 07033-1303**
**Telephone: (908) 620-1871 • (800) 852 0137**
**Fax: (908) 620-1874**


## CONVENTION DELEGATES/LIFE MEMBERS EXPENSE AFFIDAVIT

Relief Association:_____________________________________________ Assoc. #:__________

Name of Delegate/Life Member (Type or Print):_____________________________________________

Street Address: ____________________________________________________________________

City:_________________________________ State:_____ Zip:___________ County:_________________

I am a (Select one): ________Delegate ________Life Member

Which Sessions of the Convention did you attend? (Select one): _______1st _______2nd _______Both

Select one: __________I commuted to the Convention __________I had lodging for the Convention

I certify that the statements contained in this document are true and accurate. I further certify that I have incurred the expenses contained in this document and will use the funds received to offset those expenses. I am aware that if any of the information contained in this document is willfully false, then I may be subject to prosecution.

____________________________________ ________________________________ ___________
Signature of Delegate/Life Member Print Name Date

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Treasurer to complete and retain in your files.

Check Date ___________ Check No. ___________ Check Amount $___________

Were expense receipts submitted by the member? (Select one) ________Yes ________No

If Yes, attach receipts to this affidavit and retain with records. Total of Receipts $___________

____________________________________ ________________________________ ___________
Signature of Treasurer Print Name Date