

**CONVENTION**

**DELEGATES/LIFE MEMBERS EXPENSE VOUCHER**

Name (Type or Print) \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I am a \_\_\_\_\_ Delegate \_\_\_\_\_ Life Member of \_\_\_\_\_ County

Which Sessions of Convention did you attend? (Circle 1) 1<sup>st</sup> 2<sup>nd</sup> Both

**Check one – I will be commuting \_\_\_\_\_ or will have 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 or Life Member** \_\_\_\_\_

**Date** \_\_\_\_\_

**Treasurer to complete and retain in your files.**

**Association** \_\_\_\_\_ **Amount** \_\_\_\_\_ **Check No.** \_\_\_\_\_