

NEW JERSEY STATE FIREMEN'S ASSOCIATION

CONVENTION DELEGATES/LIFE MEMBERS EXPENSE AFFIDAVIT

Convention Year 20_____

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 referenced 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

**Vouchers and receipt will be reviewed at the Field Exams and can be requested at the state office for review.

Treasurer to complete and retain in your files.

Check Date _____ Check No. _____ Check Amount \$ _____

Signature of Treasurer	Print Name	Date
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