

NEW JERSEY STATE FIREFIGHTER'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 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