

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 \_\_\_\_\_

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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 \_\_\_\_\_