FORM 106

NEW JERSEY STATE FIREMEN'S ASSOCIATION

DELEGATE (OR ALTERNATE)

EXPENSE ALLOWANCE VOUCHER

ASSOCIATION_____ ASSOCIATION NO._____

THIS FORM MUST BE RECEIVED, COMPLETE, AT THE STATE OFFICE BY THE DEADLINE DUE DATE OF NOVEMBER 1 OF THE CONVENTION YEAR, OR POSTMARKED NOVEMBER 1 OF THE CONVENTION YEAR. FORMS CAN BE SCANNED AND EMAILED TO: LocalReports@NJSFA.com

The undersigned certify they have received allowance for sessions attended and expenses incurred.

NAME - PRINT	LINE NO.#	SIGNATURE	CHECK NO.#	AMOUNT PAID

TOTAL DELEGATE $_____

The undersigned certify the above Delegates (or Alternates) attended all sessions and incurred expenses for which payment is received.

APPROVED BY: DATE APPROVED:_____

PRESIDENT (SIGNATURE) SECRETARY (SIGNATURE) TREASURER (SIGNATURE)