

NEW JERSEY STATE FIREMEN'S ASSOCIATION
LIFE MEMBER
EXPENSE ALLOWANCE VOUCHERS

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.

Table with 5 columns: NAME - PRINT, LINE NO.#, SIGNATURE, CHECK NO.#, AMOUNT PAID. Multiple empty rows for data entry.

TOTAL LIFE MEMBER \$ _____

The undersigned certify the above Life Members attended all sessions and incurred expenses for which payment is received.

APPROVED BY:

DATE APPROVED: _____

PRESIDENT (SIGNATURE)

SECRETARY (SIGNATURE)

TREASURER (SIGNATURE)