

Date Submitted:

## New Jersey State First Aid Council, Inc. Convention Committee

Ken Weinberg – Treasurer P.O. Box 347

Pittstown, NJ 08867 Phone 908-735-6818 Fax 908-730-6005

Vendor or Committee Member's Name

EXPENSE VOUCHER

Requesting Committee Member - Name / Title

Print Name Clearly

Committee Member Signature

ACCOUNT:	DESCRIPTION		AMOUNT		
Printing:					
Postage:					
Expendable Supplie					
Telephone:					
Convention:					
Trade Show:					
Seminars:					
Registration:					
Travel:					
Mileage:					
Date Reason for	r Travel Destination	Number of Miles x .50/mile			
Approvals: (Minimum	of TWO)				

Past or Current Pre	sident	 	
Northern Area VP _		 	
Central Area VP		 	
Southern Area VP _		 	