



New Jersey State First Aid Council, Inc.

EXPENSE VOUCHER

Ken Weinberg – Treasurer
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Phone 908-735-6818 Fax 908-730-6005

Date Submitted: _____
Vendor or Committee Member's Name

Requesting Committee Member – Name / Title

Print Name Clearly

Committee Member Signature

ACCOUNT:		DESCRIPTION		AMOUNT
Printing:				
Postage:				
Expendable Supplies:				
Telephone:				
Convention:				
Trade Show:				
Seminars:				
Registration:				
Travel:				
Mileage:				
Date	Reason for Travel	Destination	Number of Miles x .50/mile	

Approvals: (Minimum of TWO)
Past or Current President _____

Northern Area VP _____

Central Area VP _____

Southern Area VP _____