



New Jersey State First Aid Council, Inc.

EMS Council of New Jersey

2040 Millburn Avenue, Suite 102-1
Maplewood, New Jersey 07040



Expense Voucher

Due: The Wednesday prior to a Board of Trustees meeting.

Pay to

Requested by

Name: _____
Address: _____

Name: _____
Title: _____
Signature: _____
Date: _____

Budget Category

Please use a separate expense voucher for multiple budget categories.

- | | | | | | |
|----------------------------------|-------------------------------------|---|---|---|---|
| Committees & Programs | <input type="checkbox"/> Cadet | <input type="checkbox"/> Convention | <input type="checkbox"/> Directory | <input type="checkbox"/> Election | <input type="checkbox"/> Historian |
| | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Supplies | <input type="checkbox"/> Technology | <input type="checkbox"/> Other _____ | |
| Executive Officers | <input type="checkbox"/> President | <input type="checkbox"/> Area Vice Presidents | | <input type="checkbox"/> Secretary | <input type="checkbox"/> Membership Secretary |
| | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Assistant Treasurer | | <input type="checkbox"/> General board expenses | |
| Professional Services | <input type="checkbox"/> Accounting | <input type="checkbox"/> Advocate | <input type="checkbox"/> Legal | <input type="checkbox"/> Medical Advisor | <input type="checkbox"/> Public Relations |
| Scholarships | <input type="checkbox"/> Cadet | <input type="checkbox"/> Gail Lawrence | <input type="checkbox"/> Fred Steinkopf | <input type="checkbox"/> Other _____ | |

Expense Detail

Legible receipts must be provided. If possible, contact the Treasurer ahead of time to avoid NJ Sales Tax.

<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Travel Detail

Travel reimbursement rate: \$0.50/mile

<u>Date</u>	<u>Reason for Travel</u>	<u>Miles</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total

Approvals

Approval by two uninvolved Executive Officers or one uninvolved Executive Officer and a Past President is required.

Signature: _____	Signature: _____
President NAVP CAVP SAVP Past	President NAVP CAVP SAVP Past
Secretary Membership Treasurer Asst. Treasurer	Secretary Membership Treasurer Asst. Treasurer