



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: _____

Name: _____

Address: _____

Title: _____

Signature: _____

Date: _____

Budget Category

Please use a separate expense voucher for multiple budget categories.

Committees & Programs

☐ Cadet ☐ Convention ☐ Directory ☐ Election ☐ Historian
☐ Newsletter ☐ Supplies ☐ Technology ☐ Other _____

Executive Officers

☐ President ☐ Area Vice Presidents ☐ Secretary ☐ Membership Secretary

☐ Treasurer ☐ Assistant Treasurer ☐ General board expenses

Professional Services

☐ Accounting ☐ Advocate ☐ Legal ☐ Medical Advisor ☐ Public Relations

Scholarships

☐ Cadet ☐ Gail Lawrence ☐ Fred Steinkopf ☐ 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: \$0.58/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