

NEW JERSEY STATE CHAPTER 2024-2025
COMMITTEE CHAIRMAN EXPENSE REPORT

Date _____ COMMITTEE _____
NAME _____
ADDRESS _____
PHONE _____ EMAIL _____

<u>EXPENSE CATEGORY</u>	<u>AMOUNT</u>
GUEST of Speaker (1 max) - lunch Saturday	\$ _____
Printing/Duplicating	\$ _____
Postage	\$ _____
Supplies	\$ _____
Display materials	\$ _____
Other _____	\$ _____
TOTAL	\$ _____

Please contact your committee members to ascertain if they have expenses to remit. Record all expenses on this sheet and submit by the end of convention or as soon as possible thereafter. One reimbursement check for the total amount submitted will be mailed to the committee chair, who will reimburse committee members. If there are no expenses to be reimbursed, no form needs to be sent.

Submit this form to:

Judith Schaefer
89 Page Drive
Oakland, NJ 07436-2660 njpeotreasurer@gmail.com

2024-2025