



# PROFESSIONAL PHOTOGRAPHERS' ASSOCIATION OF NEW JERSEY, INC.

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Exec. Secretary

## EXPENSE REIMBURSEMENT VOUCHER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Committee to be billed: \_\_\_\_\_

Committee Chairman: \_\_\_\_\_

Approved Chairman's Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

### Expenses

Phone Calls _____	\$ _____
Postage _____	\$ _____
Room Charge _____	\$ _____
Tips _____	\$ _____
Travel _____	\$ _____
Other _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<i>Total</i>	\$ _____

Acct. Dept. Use
Rec'd Date _____
Paid Date _____
Check # _____

**I certify that these expenses were for authorized business and have attached appropriate bill copies.**

\_\_\_\_\_  
Committeeperson Signature