

NEW JERSEY SCHOOL COUNSELOR ASSOCIATION
NON-TRAVEL EXPENSE REPORT

*Please submit one form for each event
 Form must be submitted no later than 30 days after event.*

_____ Payee	_____ Event
_____ Address	_____ Event date(s)
_____ City	_____ Reason for expense
_____ State/Zip	_____ Budget line for event/expense

Please attach all receipts.

<i>Item</i>	<i>Amount</i>

Total expenses: _____

Amount due payee: _____

Payee signature: _____ Date: _____

Return to: [SUSAN HATCH, Treasurer @ susan_hatch1949@yahoo.com](mailto:susan_hatch1949@yahoo.com) and
[Jim Lukach, Executive Director @ jimlukach@msn.com](mailto:jimlukach@msn.com)

