NEW JERSEY DEPARTMENT OF TRANSPORTATION
RETIREES ASSOCIATION, INC.
P.O. BOX 77160
WEST TRENTON, NJ 08628

EXPENSE INVOICE # _____ (For Office Use Only)

VENDOR	ITEM DESCRIPTION	# OF ITEM(S)	PRICE EACH	TOTAL

DATE: _____ TOTAL AMOUNT: _____

SUBMITTED BY: _____ (signature)

_____ (print name)

ADDRESS: _____

_____

PHONE: _____ (Attach Receipts)

FOR OFFICE USE:

CHECK #:_____ GIVEN TO:_____ DATE:_____

Rev. 4/2016