

NEW JERSEY SCHOOL BOARDS ASSOCIATION

888.88NJSBA | www.njsba.org | 413 West State Street | Trenton, NJ 08618

ACTION ITEM B

EXECUTIVE COMMITTEE For Meeting of May 4, 2024

FOR: (X) ACTION () DISCUSSION

FROM: DR. TIMOTHY PURNELL, EXECUTIVE DIRECTOR

SUBJECT: VOUCHERS PAST 30-DAY LIMIT

Attached for your approval is an over 30-day voucher submitted by members of the board of directors, for expenses past 30 days.

EXPENSE REIMBURSEMENT FORM

(2024 Calendar Year)

Expenses submitted beyond 30 days require NJSBA Executive Committee approval

Expenses submitted beyond 45 days will not be honored

Submit to: New Jersey School Boards Association, 413 West State Street, Trenton, New Jersey 08618 - Telephone: (609) 695-7600

Charles	name a mallo	Bloomingdale	PERIOD COVERED From: 2/23/2 To: 2/25/2	4		·			
DATE ,	RPOSE/MEETING/LOCATION EVENT (MUST BE FILLED IN)	DESCRIPTION (For mileage, please indicate From - To)	DESCRIPTION TOTAL	MiLE (\$.67 /		MILEAGE TOTAL	TOLLS	LINE TOTAL	COMMENTS
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2/25/24	TRAINING	PRINCETON TO		64	0.67	42.88	6	42.88	
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					0.67			8000	
I hereby certify that th	is reimbursement form is a true staten	ment of authorized expenses as outlined within	ia noliciae eat by the M I	SBA Board	of			185.18	
Directors further co			g points out by the No	ODA DOLLA	VI		GRAND TOTAL	\$0.00	
granity of vigitingill		Dole 1							
Address	antallo 2/25/20								

Approving Signature

EXPENSE REIMBURSEMENT FORM

(2024 Calendar Year)

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Mich	NAME Pol Bertran	DEPARTMENT N B N B	PERIOD COVERED From: 2/23 To: 2/25	A		,			<u></u>																																						
DATE	PURPOSE/MEETING/LOCATION EVENT (MUST BE FILLED IN)	DESCRIPTION (For mileage, please indicate From - To)	DESCRIPTION TOTAL	MILEAGE (\$.67 / mile)																																								MILEAGE TOTAL	TOLLS	LINE TOTAL	COMMENTS
1/23	New Broad Mba O	Danville - Panal	53 m	53	0,67	35.51		35.51																																							
1/23	/ •	Dingan	13.97		0.67			13.97	meals nor																																						
100		Painceton - Denvilo	532		0.67	35.51		35.51	reimbursen																																						
733		KIACATON - DON MICO	-5-5-	53	0.67 0.67	33.37		33.81																																							
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		1			0.67																																										

I hereby certify that this reimbursement form is a true statement of authorized expenses as outlined withing policies set by the NJSBA Board of
Directors. I further certify the above expenses do not include alcoholic beverages.

84.99

GRAND TOTAL

00.08

Signature of claimant

Date 25/34

! Pkwy W. Denuille 07834

APR 03 2024

Approving Signature

EXPENSE REIMBURSEMENT FORM

(2024 Calendar Year)

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NAME		DEPARTMENT	PERIOD COVERED]	,		(000)		
T. S	Smith		From: To:						
DATE	PURPOSE/MEETING/LOCATION EVENT (MUST BE FILLED IN)	DESCRIPTION (For mileage, please indicate From - To)	DESCRIPTION TOTAL	MILEAGE (\$.67 / mile)		MILEAGE TOTAL	TOLLS	LINE TOTAL	COMMENTS
2/23	NBMO	RIT Columbia NJ - Cropore		130	0.67	87.10			
1/19	NBMO	PH Columbia NJ - Cropone PH Columbia - Cropone		130	0.67	87,10			
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			# 1571 ₋			174,20		,	
Directors, I fur	the certify the above expenses do not include	ement of authorized expenses as outlined within ude alcoholic beverages. A A A A Date		JSBA Board	of	C	GRAND TOTAL	- 17°	4.20
Signature of claimant Date 5 Know from Rd, Contumbia, NJ 07832 Address				APR 03 2024					

Approving Signature