

State of New Jersey  
 Department of Military and Veterans Affairs  
 Phone: 609-530-7067  
 Fax: 609-530-7193  
 Web: www.state.nj.us/military/fiscal/pubs.html

Mail To:  
 NJ Dept. of Military & Veterans Affairs  
 Fiscal Division-A  
 P.O. Box 340  
 Trenton, NJ 08625-0340

**TOLL REIMBURSEMENT - NATIONAL GUARD**

Total Amount

FY	FUND	AGCY	ORGN	APU	ACTV	OBJT	TV Number
	100	067			PNGS	3010	

<b>NAME AND ADDRESS OF NATIONAL GUARD PERSON</b> Name/ Street/ City/ State/ Zip Code	<b>Social Security Number</b>
	Do you have Direct Deposit with the State of NJ for Travel? YES _____ NO _____
<b>NAME AND ADDRESS OF UNIT OF ASSIGNMENT</b>	This Toll Reimbursement is for active National Guard members while on any training or activation status. It covers all New Jersey toll roads only.

DATE	Description of Travel Point to Point (from xxx to xxx)	TOLLS	
		via Cash	via EZPASS
		\$ -	\$ -

**NATIONAL GUARD PERSON CERTIFICATION**

I CERTIFY that the above expenses are correct in all respects; that the tolls showed are true and that the amount as charged has been actually paid for by me for traveling expenses; that no part of the account has been paid by the State.

I have not or will not seek any federal reimbursement of tolls submitted to the State of NJ.

I also CERTIFY that on the date(s) when the above items of expense were incurred the vehicle I was using on National Guard business was covered by liability insurance as follows:

Insurance Co. \_\_\_\_\_  
 Coverage \_\_\_\_\_

Signature \_\_\_\_\_

Military Position \_\_\_\_\_

\$ -
<b>UNIT COMMANDER OR REPRESENTATIVE</b>
_____ SIGNATURE / DATE
<b>APPROVED: For Fiscal Division USE ONLY</b>
_____ (AUTHORIZED SIGNATURE)
Approval Officer/ _____ DATE

ATTACH ORIGINAL RECEIPTS or EZ PASS STATEMENT WITH HIGHLIGHTED CHARGES