New Jersey Department of Military and Veterans Affairs
Division of Veterans Healthcare Services

WELFARE FUND PROJECT LIST

Calendar Year Ending _____ 20____

Special Projects (Description)	Approval Date	Total Cost	Payments To Date / /	Current Balance Owed	To Be Paid Current CY	Payment in Budget CY	Remarks

Approved By: _____ Signature: _____ Title: Chief Executive Officer Date: _____	Approved By: _____ Signature: _____ Title: Facility Advisory Council Chairperson Date: _____	Approved By: _____ Signature: _____ Title: The Adjutant General Date: _____