AFT New Jersey

629 Amboy Avenue

Suite 301

Edison, NJ 08837

**Expense Pre-Approval Form**

**Name Date**

**Position/Title**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event/Date (if applicable)**

|  |  |  |
| --- | --- | --- |
| Description (please be specific) | Vendor | Amount |
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|  |  |  |
| TOTAL |  |  |

1. Signature Date (Person Requesting Reimbursement/Expenditure)

2. Signature Date (Committee Chair **or** Executive Vice President, **If Applicable**)

3. Signature Date (President)

Please attach appropriate documentation (i.e. quotes, bids, etc.)