



AFT New Jersey, AFL-CIO

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Website: www.aftnj.org

AFTNJ Organizing Reimbursement Application

Local/chapter:

Timeframe for reimbursement:

Local/chapter total organizing expenses incurred:

Amount of matching funding requested:

Date submitted:

Amount approved: _____

Authorized by:

Executive Vice President: _____
Print Name, Sign and Date

President: _____
Print Name, Sign and Date

Check date: _____

Check number: _____

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Labor produced