



**AFT New Jersey
State Federation, AFL-CIO**

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AFTNJ Organizing Reimbursement Application

Local/chapter:

Timeframe for reimbursement:

Local/chapter (local or chapter name and number) total organizing expenses incurred:

Amount of matching funding requested:

Date submitted:

Name and address of the person to whom the reimbursement is to be made:

Information below to be completed by authorized AFTNJ leadership

Amount approved:

Authorized by:

Executive Vice President:

Print name, sign and date

President:

Print name, sign and date

Check date:

Check number: