



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

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AFTNJ Student Internship Reimbursement Application

Name of local/chapter:

Number of student interns:

Total amount of reimbursement for interns and mentor requested:

Date of application:

Name and address of person to whom reimbursement should be sent:

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: