



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

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AFTNJ Student Internship Reimbursement Application

Local/Chapter Title and Number:

Student Intern/s Name/Names:

Student Intern Mentor Name:

Amount of Reimbursement:

Timeframe for Reimbursement:

Date submitted:

Approval:

Executive Vice President:

Print Name, Sign and Date

President:

Print Name, Sign and Date

Check date: _____

Check number: _____