



# Election Reimbursement Request Application

Pursuant to P.L. 2001, Chapter 245

## Applicant Information:

County: \_\_\_\_\_

Vendor Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Reimbursement Requested:

**Board Workers @ Amount Total Amount**

Board Workers @ \$125 \_\_\_\_\_

Board Workers @ \$62.50 \_\_\_\_\_

**# Workers @ Hourly Rate # Total Hours Total Amount**

Board Workers @ \$7.25 per hour \_\_\_\_\_

Janitorial Reimbursement (6:00 a.m. - 7:00 a.m.) \_\_\_\_\_

**Total Reimbursement Request: \_\_\_\_\_**

## Certification:

*The undersigned certify that the information contained in this application is true to their best knowledge and belief.*

\_\_\_\_\_  
 County Administrator

\_\_\_\_\_  
 Fiscal Officer

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

**Filing Instructions:** The signed original and one (1) copy of the application **MUST BE RECEIVED NO LATER THAN THE CLOSE OF BUSINESS on February 7, 2012 at:**

NJ Division of Elections  
 P.O. Box 304  
 Trenton, NJ 08625-0304  
**Attn: Donna Barber**