



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 _____ @ \$125 _____

Board Workers @ \$62.50 _____ @ \$62.50 _____

Workers @ Hourly Rate # Total Hours Total Amount

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

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 September 5, 2012 at:**

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