



Form E - Strike Administration Expense

Fill out and submit to replenish initial start-up advance, as required. Date: (mm/dd/yyyy) _____

Local/Unit Name: _____ Local No.: _____

Date: (mm/dd/yyyy)	Description of Supplies Purchased	Amount \$
Total		

Name of Chair, Local Strike Finance Subcommittee Signature of Chair, Local Strike Finance Subcommittee

Approved Total: _____

Approved by:

Name of Staff Representative

Date: (mm/dd/yyyy)

Signature of Staff Representative

Regional Office

**ATTACH ORIGINAL RECEIPTS/INVOICES AND FORWARD TO THE
STAFF REPRESENTATIVE FOR APPROVAL AND PROCESSING**

Retain a copy for local records and completion of Form I (*Final Account of Strike Fund*)