



Form C - Pre-Approval of Strike Items Request

Date: (mm/dd/yyyy) _____ Local: _____ Bargaining Unit: _____

Regional Office: _____ Staff Representative: _____

Requested by: _____ *(Local Strike Finance Subcommittee)*

All requests must be pre-approved by the staff representative and regional office supervisor prior to any expenditures.

Item Description	Quantity Requested	Rationale	Cost \$	Approved/ Not approved
(A) Generator (capacity)				
(A) Trailer (rental)				
(A) Portable Toilet (rental)				
Additional items requested				
Two-way Radios				
Shelter/Canopy				
Safety Vest/Shirt				
Extension Cord				
Chains				
Locks				
Cone/Pylon (Traffic/Safety)				
Computer/Printer				
Garbage Bin				
Total				

*(A) = Allowable expense as per policy

Approved by: _____
 Staff Representative Name
 Staff Representative Signature
 Date: (mm/dd/yyyy)

Approved by: _____
 Regional Office Supervisor Name
 Regional Office Supervisor Signature
 Date: (mm/dd/yyyy)