

2009 Student Internship Program

Request for Reimbursement

Intern Name: _____

Company Name: _____

Supervisor Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Reporting period: _____ June 1, 2009 - July 15, 2009

_____ July 16, 2009 - August 31, 2008

Total hours worked: _____ X Hourly wage: \$_____ = Total earned for this period: \$_____

1st year interns: 75% of wages (total of both periods) up to \$1200 eligible for reimbursement.

2nd year interns: 40% of wages (total of both periods) up to \$640 eligible for reimbursement.

Total reimbursement request: \$_____

Submit this form to: Kris Davis, Printing Industry of Minnesota, Inc.