



2010 Student Internship Program

Request for Reimbursement

Intern Name: _____

Company Name: _____

Supervisor Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

AGE of Intern _____ Zip Code of Intern _____

Reporting period: _____ June 1, 2010- June 30, 2010

_____ July 1, 2010 - July 31, 2010

_____ August 1 2010 - August 31, 2010

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.

PIM WILL CHARGE A ONE-TIME ADMINISTRATIVE FEE OF \$100, THIS FEE WILL BE TAKEN OUT OF FIRST REIMBURSEMENT REQUEST OR THE \$100 FEE CAN BE INVOICED, IF YOU WOULD LIKE TO BE INVOICED PLEASE ADVISE.

Total reimbursement request: \$_____

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