



# 2011 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, 2011

\_\_\_\_\_ July 1, 2010 - August 31, 2011

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.

Total reimbursement request: \$\_\_\_\_\_

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