

Internship Reimbursement Request Form

FY 24-25

Complete this form to get reimbursed for an intern's wages. The program allows for the financial support of \$15 an hour, up to 640 hours, for the duration of the internship (up to 16 or 32 weeks depending on the intern's enrollment status).

Today's date:

Entity name:

Entity contact person:

Mailing address:

Intern name:

Internship start date:

Internship end date:

Hourly rate: \$

Total hours worked:

Reimbursement amount requested: \$

Submit completed reimbursement request forms and payroll documentation to community@sourcewell-mn.gov.