



NC Pork Council

Student Internship Program

Request for Reimbursement

Please email to Bailee Arnold at bailee@ncpork.org

Pork Producer: _____

Pork Production Company: _____

Address: _____

Phone: _____ Email: _____

Mentor/Supervisor (if different than producer): _____

Make check payable to: _____

Mail check to: _____

Number of interns: _____ Total reimbursement requested (up to \$5,000): \$_____

Intern's information: (Attach a spreadsheet if you have more than two names.)

#1 Intern's Name: _____

Address: _____

Phone: _____ Email: _____

Hours per Week: _____ Weeks Worked: _____ Total Hours: _____

Total pay: \$_____ One half (50%) of total salary: \$_____

Amount to be reimbursed for this intern (not to exceed \$2,500): \$_____

#2 Intern's Name: _____

Address: _____

Phone: _____ Email: _____

Hours per Week: _____ Weeks Worked: _____ Total Hours: _____

Total pay: \$_____ One half (50%) of total salary: \$_____

Amount to be reimbursed for this intern (not to exceed \$2,500): \$_____