

NC Pork Council Student Internship Program

Request for Reimbursement

Pork Producer: _____

Pork Production Company: _____

Address: _____

Permanent Phone: _____ Mobile phone: _____

E-mail address: _____

Mentor/Supervisor (if different than producer): _____

Student intern information:

Name: _____

Local phone: _____ Permanent Phone: _____

E-mail: _____

Physical Address: _____

Permanent Address: _____

Hours per Week: _____ Weeks Worked: _____

Total Hours: _____ Total pay: _____

One half (50%) of total salary: _____

Amount to be reimbursed to Pork Producer (not to exceed \$1,500): _____

Make check payable to: _____

Send to: _____

NCPC Board Member: _____ District: _____

Date: _____