**Community Foundation Internships Program**

**Payment Request Form**

**A Payment Request Form is required for each semester of participation**

**Payment will be made upon approval of this document, receipt of a brief narrative on the semester’s goals/objectives and job description.**

**FORM INSTRUCTIONS: Place your cursor in the first field labeled “Click here to enter text.” Enter the information requested.**

**Use the Tab key to advance to the next field. If you need to edit a field, simply place your cursor in the field.**

**Name of foundation/affiliate fund:** Click here to enter text. **Date:** Click here to enter text.

**Name of person/title making request:** Click here to enter text. **Phone:** Click here to enter text. **Email:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Acct Code** | **Request for Semester:** Click here to enter text. **(e.g. Summer 2016)** | **Amount** |
| **5560** | **Intern Salary: Hourly pay rate $**Click here to enter text. **x hours per week** Click here to enter text. **x number of weeks** Click here to enter text. | Click here to enter text. |
| **5561** | **Plus payroll expenses (SSI, Medicare, unemployment tax, etc.)** | Click here to enter text. |
| **5562** | **Plus technology upgrade request: ATTACH RECEIPTS** | Click here to enter text. |
|  | **(LESS) carryover from previous semester, if any** | Click here to enter text. |
|  | **TOTAL REQUEST** | Click here to enter text. |

**For IPA/GIFT Office Only: Received Future Reports**

**TOTAL AMOUNT APPROVED: $ Upcoming Semester Employment Completion Reports**

**Checked Against Total Allocation: 🞎 Goals/Objective Narrative 🞎 CF Program Narrative**

**Request Approved by: 🞎 Job Descriptions 🞎 Student Program Narrative**

**Date: Notes:**