

**BILLING REQUEST
2019 Lone Star Internship Program**

Name of Organization:

Mailing Address:

Intern's Name:

Intern's School:

Billing Period(s):

List Each Pay Period	Gross Pay	50% Pay
TOTAL		

The above named organization requests reimbursement in the amount of \$_____ (total 50% pay column above) for work performed under the TACDC Lone Star Internship Program for the Pay period(s) indicated. I certify that this Billing Statement accurately reflects issued payroll.

Signature _____ Phone # _____

Title _____

Enclose photocopies of each pay stub

Please submit signed forms to:

TACDC

ATTN: Matt Hull

1910 East Martin Luther King Jr. Blvd, Austin, TX 78702

Questions? Matt@tacdc.org or Phone: (512) 916-0508