



Be Legendary.™

OPERATION INTERN REQUEST FOR FUNDS

ND DEPARTMENT OF COMMERCE
SFN 58842 (3/19)

Company:		Company Number:	
Mailing Address:		Contract Budget:	
		Funds Received to Date:	Total Funds Requested this Date:

Salary Compensation

Student	Time Frame		Hours Worked	Rate of Pay	Gross Pay	Amount Requested (maximum 50% of gross pay)
	From:	To:				
	From:	To:				
	From:	To:				

Other Expenses

Student	Time Frame		Expense	Total Cost	Amount Requested (maximum 50% of expenses)
	From:	To:			
	From:	To:			
	From:	To:			

Company Authorization: Contractor certifies that the obligations of this contract have been fulfilled in accordance with the amount of funding requested:

Authorized By:	Title:	Date:
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ND Department of Commerce Approval

Operation Intern Program Manager	Date	Workforce Development Division Director	Date
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