SUSU
StepUp and StartUp Internship Program

INVOICE

StepUp and StartUp Internship Program

Employer reimbursement request

Company Details

COMPANY NAME

ADDRESS

TAX ID

INVOICE NUMBER

PO AGREEMENT NUMBER

Service Date Period

Enter the complete period covered by this invoice.

Example: May 17, 2023 - August 11, 2023

Breakdown of Time

Complete the summary and list each intern below.

Example: 3 interns totaling 500 hours; Jane Doe - 120 hours; John Doe - 100 hours.

NUMBER OF INTERNS

TOTAL HOURS FOR ALL INTERNS

#	INTERN FIRST AND LAST NAME	HOURS
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

TOTAL AMOUNT OF REIMBURSEMENT	