



**BILLING REQUEST  
2020 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 |
|----------------------|-----------|---------|
|                      |           |         |
|                      |           |         |
| <b>TOTAL</b>         |           |         |

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



**Intern Contact Information**

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Please attach a copy of the intern's resume with the reimbursement request.

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