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|  | CLEVELAND STATE UNIVERISTY OHIO MEANS INTERNSHIPS & CO-OPs:Student Wage Reimbursement Invoice |
| Thank you for participating in the Ohio Means Internships & Co-ops program. To complete invoice, please see instructions below. |
| TO: Pamela Coletta Grant Manager,  Career Services  2124 Chester, RW 280 Cleveland, OH  44115 Office: (216) 687-5528 p.a.coletta@csuohio.edu | FROM: NAME: ADDRESS:PHONE: |   | INVOICE #: DATE: NAICS CODE: [Look up code](http://www.census.gov/cgi-bin/sssd/naics/naicsrch)  |

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| Semester |  | Start Date | End Date |  |  |  |
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| Intern/Co-op | Student Last Name | StudentFirst Name | Total Hours Worked | Hourly Rate | Total Wages Paid |  75 %(Match ) | Reimbursable Portion 25 % |
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|  | Total Reimbursement for this Period |  |

Signature Date

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Name Title Date

I hereby certify that all expenditures reported (& payment requested) are accurate and specific to the Ohio Means Internship Program

(Certification should be made official by a financial officer or CEO)

**Invoice Instructions**

1. ***Name:*** Enter the name of the person completing the invoice

Company Name: Enter the name of the company.

Street Address: Enter the address to which the check is to be sent.

City/Zip code: Enter the name of the City and Zip Code

Phone: Enter the phone number of company contact

1. ***Date:*** Enter today’s date
2. ***Invoice #:*** Assign a unique number for future reference of invoice
3. ***NAISC CODE:*** Enter company NAISC CODE

\*[Look up North American Industry Classification System](http://www.census.gov/cgi-bin/sssd/naics/naicsrch)

 http://www.census.gov/cgi-bin/sssd/naics/naicsrch

Sample Key Word for Search

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| *Management* | *Protective Service* | *Healthcare Support* | *Sales and Related* | *Community and Social Service* | *Legal* |
| *Business and Financial Operations*  | *Computer and Mathematical* | *Food Preparation and Serving* | *Healthcare Practitioners and Technical* | *Life, Physical, and Social Science* | *Personal Care and Service* |
| *Architecture and Engineering* | *Office/ Administrative Support* | *Building and Grounds Cleaning and Maintenance* | *Education, Training, and Library* | *Arts, Design, Entertainment, Sports, Media* |  |

1. ***Billing Period:*** Enter the Start Date for the hours reported

 Enter the End Date for the hours reported

 Enter the semester work was performed.

CSU Semester Dates:

**Summer 2016**

**Start Date:**May 23, 2016

**End Date:**August 27, 2016

**Fall 2016
Start Date:**August 28, 2016

**End Date:**January 13, 2017

**Spring 2017**

Start Date: January 14, 2017

End Date: May 19, 2017

1. ***Student First Name:*** Enter intern/co-op first name.
2. ***Student Last Name:*** Enter intern/co-op last name.
3. ***Total Hours Worked:*** Enter total hours worked including overtime
4. ***Hourly Rate:*** Enter hourly rate

Note: Enter overtime hours on next line down if rate of pay is different.

1. ***Total Wages Paid***: Enter the gross earnings earned for the period of performance
2. ***75% Total Wages Paid:*** Enter 75% of the total wage paid

\*This represents the actual cost to the company to pay the intern/co-op after receiving the wage reimbursement. For the purpose of the program, these are the company’s matching funds i.e. contribution to support the payment of the intern/co-op.

1. ***Reimbursable Portion 25%:*** Enter 25% of the total wages paid

\*This is the amount for reimbursement.

1. ***Total Reimbursement for this period***: Enter totals including 75% and 25%
2. Please attach paystub for documentation backup.
3. Signature: Please sign. Certification should be made official by a financial officer or CEO)

Email to: p.a.coletta@csuohio.edu, Pamela Coletta, Career Services Grants Manager

For approval of payment please submit: W9, Employer Evaluation \*Student Registration is completed

\*Invoices will be kept on file in accordance with CSU’s record retention policy for audit purposes,