



Rev1 Ventures Internship Program

2023 Reimbursement Request Form

Please upload this completed form and accompanying documents to:
<https://rev1ventures.app.box.com/f/ec757a12dee749dc8871779dc7e702d4>

Company:		Remit Check to the Attention of:		
Address:	City:	OH	Zip:	Phone:

Intern's Name:

Timesheet Procedures

Invoices must be based on actual timesheet documentation. The dates, total hours worked each day, and the total number of hours worked for the pay period must be listed. **An official record of payment and associated timesheets must be attached.**

Payroll Summary

Record actual hours worked by intern during the pay period, full wage during pay period, and amount for Rev1 reimbursement (50% of full wage).

Reimbursement Period:	Hourly Wage:	Total Hours Worked:	Gross Wages:	Invoice Amount for Reimbursement*:
	\$		\$	\$

*Payments by Rev1 Ventures to the employer under this Agreement shall not exceed 1/2 of the base hourly wage which employer pays to the intern over a 12-week cohort (see §2 of agreement). **Eligible reimbursement excludes any payments by employer in the form of fringe benefits of any type, pay raises, overtime premium, downtime, incentive and/or piece work pay, holidays, vacation days, sick days, etc.**

The undersigned certifies that 1) the above payroll summary is an accurate record of the intern's time on the job, 2) the foregoing amount is just and correct and legally due according to the terms of the Contract and all appropriate laws and regulations, and 3) the Evaluation Report and Payroll Summary section has been reviewed with the Intern.

Company Contact Signature:	Date:
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The Rev1 Ventures Internship Program is supported with funding from the State of Ohio, Ohio Department of Development and the Ohio Third Frontier.



Reimbursement Request Form Instructions

At the end of each calendar month, or upon completion of the 12-week internship period, please complete this form, attach timesheet(s) and a record of payment to obtain reimbursement for wages paid to the Intern.

Invoice/Evaluation Process

- Please complete the **Payroll Summary** section based on your company's records. Your records and the time sheet record must match for Rev1 Ventures' auditing and monitoring purposes.
- The **Evaluation Report** (separate document) and Payroll Summary section must be reviewed with the intern on a regular basis.
- Prior to submission to Rev1 Ventures for reimbursement, the company's authorized representative's signature must be obtained.
- **If your intern is a W2 employee:**
 - Please submit a **pay stubs or an official payroll summary** in addition to this form and the intern's timesheet. Official payroll summaries must be on bank or payroll company letterhead (screenshots will suffice) and include pay date, pay period, pay rate, and total hours worked. The last 4 digits of account number or confirmation number is also required to confirm payment was actually sent. *Excel spreadsheets are not acceptable.
- **If your intern is a 1099 contractor:**
 - Please submit a **copy of the cancelled check written from the company's AP department** or other official proof of payment in addition to this form and the intern's timesheet.

Upload this form and all documentation for reimbursement to the secure Box Folder here:

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DO NOT EMAIL DOCUMENTS.

Please be sure to save all documents with the name of your company in the file name.

If you have any questions, please email Larissa Cage at Larissa@rev1ventures.com.

If you would like to receive your reimbursement via ACH, please email AccountsPayable@rev1ventures.com for an ACH authorization form.



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Internship Program Performance Evaluation Form

This form should be completed and reviewed at least once by the end of the cohort.

Intern Name: _____ Evaluator Name: _____

Evaluation Report	Excellent	Satisfactory	Needs Improvement	Unsatisfactory
Follows Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relations with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Intern's Signature			Date	
Evaluator Signature			Date	

Upload this Evaluation Report to the secure Box folder here:

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