



OFF-CAMPUS FEDERAL WORK-STUDY PROGRAM  
REIMBURSEMENT REQUEST FORM

For period covering \_\_\_\_\_ to \_\_\_\_\_

Total amount of reimbursement (for all students) \$ \_\_\_\_\_

Student Name \_\_\_\_\_

Number Hours Worked During Period \_\_\_\_\_

Total Wages Earned \$ \_\_\_\_\_ Reimbursement Due \$ \_\_\_\_\_

Student Name \_\_\_\_\_

Number Hours Worked During Period \_\_\_\_\_

Total Wages Earned \$ \_\_\_\_\_ Reimbursement Due \$ \_\_\_\_\_

Student Name \_\_\_\_\_

Number Hours Worked During Period \_\_\_\_\_

Total Wages Earned \$ \_\_\_\_\_ Reimbursement Due \$ \_\_\_\_\_

Student Name \_\_\_\_\_

Number Hours Worked During Period \_\_\_\_\_

Total Wages Earned \$ \_\_\_\_\_ Reimbursement Due \_\_\_\_\_

Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Please attach time sheets for each student with student name, hourly wage, date/hours worked, student signature, and supervisor/coordinator signature.)**

Send to:  
[kacox@nmu.edu](mailto:kacox@nmu.edu) OR  
Kara Cox, Career Services  
Northern Michigan University  
1401 Presque Isle Ave.  
Marquette, MI 49855