



Research Branch  
 Horticultural Research and Development Centre  
 430, Gouin Blvd, Saint-Jean-sur-Richelieu (Quebec), J3B 3E6  
 Telephone : (450) 346-4494 ext.182  
 Fax: (450) 346-7740

## CAREER FOCUS PROGRAM

### FINANCIAL COMMITMENT

**Payment request :**

Please remit the amount due at this stage of the project: \_\_\_\_\_

Name of business: \_\_\_\_\_

Internship supervisor for the business: \_\_\_\_\_

Supervisor's signature

\_\_\_\_\_  
 Name in block letters

Internship start and end dates: \_\_\_\_\_

Intern's name: \_\_\_\_\_

I, \_\_\_\_\_, hereby acknowledge receipt of the salary agreed  
 Intern's signature

upon for the internship mentioned on the Project Proposal form.

I, \_\_\_\_\_, hereby affirm that I have complied with the rules of the program.  
 Sponsor's signature

**Date:** \_\_\_\_\_