



Research Branch  
 Horticultural Research and Development Centre  
 430, Gouin Blvd, Saint-Jean-sur-Richelieu (Quebec), J3B 3E6  
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## 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

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

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

I, \_\_\_\_\_, hereby acknowledge receipt of the salary agreed upon

Intern's signature

for the internship mentioned on the Project Proposal form.

I, \_\_\_\_\_, hereby affirm that I have complied with the rules

Sponsor's signature

of the program.

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

\* This form must be forwarded to the program director at the mid-point of the internship with proof of payment of salary, and again at the end of the internship with proof of payment of salary.