



For Official Use Only	For Official Use Only
Date Received	Total Reimbursement

## Specialty Crop Export Program International Trade Trip Reimbursement Request and Survey Form

*(This form must be returned within 45 days of the trip completion date)*

**Attendee Information:**

Company:	Phone:		
Contact:	Email:		
Address:	City:	State:	Zip:

**Show / Trip Attended** (Complete all that apply):

Show Name:
Dates:
Countries & Cities Visited:

**Performance Goals:** *Did you reach the goals specified in your application? Why or why not?*

<p><b>Goal 1 and Outcome:</b></p>
<p><b>Goal 2 and Outcome:</b></p>

**Show / Trip Results** (Complete all that apply):

Number of prospective buyers met with in each country:
Dollar value of actual sales (and volume if possible) made in each country:
Estimate of sales through December 2016 per country:

Would you be interested in visiting this country again and/or bringing prospective buyers from this country to the U.S.?  
 If yes, what, if anything, would you do differently? 
 Yes     No     Depends

If no, what are your primary reasons?

If depends, please explain:

Please evaluate this trade mission:

How did the cost of the show / trip compare to the results you achieved?

What are your next steps and objectives?

Which markets would you be interested in for future trade missions?

Other comments:

**Certification:**

On behalf of the organization identified on this Reimbursement Form, I certify that to the best of my knowledge and belief, the information contained is true and correct and the governing body of the company has duly authorized the documentation.

Before submitting the completed form, make sure you have included the following:

- Receipts or Proofs of Payments
- Booth photo or Trade Mission photo
- Specific Requirements by Activity (See <http://ndto.com/specialty-crop-grant/apply/>)

Signature (required)

Name (printed)

Title

Date

**Return the completed form with attached documents to:**

Specialty Crops Export Program  
North Dakota Trade Office  
811 2<sup>nd</sup> Ave. N. Ste. 284  
Dept. 0510 PO Box 6050  
Fargo, ND 58102

Telephone: 701 231 1150 Fax: 701 231 1151  
rebecca@ndto.com

## Trade Show / Trip Reimbursement

### Budget

Enter the estimated costs and the amounts that were actually spent in each of the budget categories for which you requested funds. Number each of the corresponding receipts and staple them to a separate sheet(s) of paper.

Expense	Estimated Cost	Actual Cost	Receipt #	For Official Use Only Do Not Write In This Column
Transportation (Airfare, Train, etc.)				
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Transportation (Airfare, Train, etc.)				
Hotel Lodging Rates (at federally approved rate)				
Meals				
Other (Describe):				
Other (Describe):				
Other (Describe):				
<b>Grand Total</b>				
<i>Total Request for Reimbursement</i>				

\*Please attach all relevant travel reimbursement documents (i.e. transportation, meal and lodging receipts)

**(FOR OFFICIAL USE ONLY)**

**Total Reimbursement**    \$

**Authorized Signature**