



For Official Use Only	For Official Use Only
Date Received	Total Reimbursement
Funded in part through a grant with the U.S. Small Business Administration.	

STEP ND Grant

Activity 2: Marketing, Research and Education Reimbursement

(This form must be returned within 30 days of the project completion date)

Attendee Information:

Company:	Company Contact:
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Project Description (if applicable, please attach marketing materials or relevant documentation):

Website URL (if applicable):

Results:

Goal 1 and Outcome:

Goal 2 and Outcome:

Goal 3 and Outcome:

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.

Items	Estimated Cost	Actual Cost	Receipt #	For Official Use Only Do Not Write In This Column
Translation Services				
Production of Marketing Materials				
RAISE Program				
ExporTech				
Other (explain):				
Grand Total				
Multiply by 75%				
<i>Total Request for Reimbursement</i>				

(FOR OFFICIAL USE ONLY)

Total Reimbursement	\$
Authorized Signature	Date

Certification:

On behalf of the organization identified on this Reimbursement Form, I hereby certify that all the information provided in this document, as well as any accompanying documents, are true and complete. Additionally, I agree to provide quarterly results up to one (1) year following the grant period.

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

- Receipts
- Proof of Payment (credit card statement, cancelled check, etc.)
- Copies of each original and translated material and/or URL of translated website

Signature (required)

Name (printed)

Title

Date

Return the completed form with attached documents to:

STEP ND
North Dakota Trade Office
811 2nd Ave. N. Ste. 284
Dept. 0510 PO Box 6050
Fargo, ND 58102

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