



Funded in part through a
Cooperative Agreement with the
U.S. Small Business Administration.

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

STEP ND Grant

Activity 1: 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:	
Location:	Dates:
U.S. Commercial Service Program (if applicable):	

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

Goal 1 and Outcome:
Goal 2 and Outcome:
Goal 3 and Outcome:

Show / Trip Results (Complete all that apply):

What were your estimated sales generated on the trip?	How many total leads were generated?
Orders placed:	New distributors:
Were any contracts signed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not at this time	
How much in total sales do you expect to be generated through September 2018 from this going on this trip?	
Based on the results you achieved, are you planning on attending this show again next year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends	
If yes, what, if anything, will you do different in your exhibiting?	
If no, what are your primary reasons?	
If depends, please explain:	

Were there any significant differences between the "Estimated Costs" and the "Actual Costs?" Please explain:

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

Was the assistance you received from this program appropriate and helpful? Please explain:

What can we change or improve to further assist companies in international trade show exhibiting and international trade trips?

Other comments:

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 and Proofs of Payments
- Booth photo or Trade Mission photo
- Specific Requirements by Activity (See Section H at www.ndto.com/how-to-apply)

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

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
Airfare				
Trade Show / Booth				
Hotel Lodging Rates (at federally approved rate)				
U.S. Commercial Service Subscription				
Mileage (at federal rate)				
Per Diem (at federally approved rate)				
Ground Transportation				
Shipping				
Other (Describe):				
Other (Describe):				
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Other (Describe):				
Other (Describe):				
Other (Describe):				
Grand Total				
Multiply by 75%				
<i>Total Request for Reimbursement</i>				

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

(FOR OFFICIAL USE ONLY)	
Total Reimbursement	\$
Authorized Signature	Date