



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 1: Domestic Trade Trip
Reimbursement Request and Survey Form

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

Attendee Information:

Company:	Contact Name:
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Show / Trip Attended (Complete all that apply):

Show Name:	
Location:	Dates:
Name of Traveler(s)	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:

International Matchmaking / Leads:

Domestic Trade Shows funded through STEP require additional evidence of significant international presence. Please provide a specific list of international matchmaking activities or leads (such as brokers, distributors, and buyers). This information is not shared with others. They are needed evidence of international presence by SBA.

<p>Did you participate in international matchmaking activities provided at the show? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many international matchmaking meetings/activities did you take part in?</p> <p>Please list the number of international contacts you met in the following categories.</p> <p>Brokers: Distributors: Buyers: End-Users:</p> <p>Please list all the countries you interacted with during the domestic trade show.</p>

Show / Trip Results (Complete all that apply):

What were your actual 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 2024 from going on this trip?	

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

How many jobs were or will be created or retained as a result of this trade trip/activity?

Created: _____ Retained: _____

Based on the results you achieved, are you planning on attending this show again next year? Yes No Depends

If yes, what, if anything, would you do differently in your exhibit?

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:

Should any days of your trip be considered non-business travel, if yes, please provide which dates should **not** be included as business expenses:

Did you receive funding from outside sources other than STEP assistance or your company funding for this activity? 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?

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
4844 Rocking Horse Circle South, Suite 1 | Fargo, ND 58104
Telephone: 701 929 6702 | 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 #
Airfare			
Trade Show / Booth			
Hotel Lodging Rates <small>Rates available here: https://www.gsa.gov/travel/plan-book/per-diem-rates</small>			
Per Diem (first and last day @75%) <small>Rates available here: https://www.gsa.gov/travel/plan-book/per-diem-rates</small>			
U.S. Commercial Service Subscription			
Ground Transportation			
Other (Describe):			
Other (Describe):			
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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