



## ExportND | Reimbursement Request

### Request for Application Awarded on January 1, 2024

#### Company Information:

Company Name:		Doing Business As (if different from Company Name):	
Street Address:		Phone Number:	
Mailing Address (if different):			
City:	County:	State:	Zip Code:
Website:			
Contact Person:		Title:	
Contact Phone:		Contact Email:	

#### Activity Summary

##### Project Information:

<b>Project Type(s): check all that apply</b>		
<input type="checkbox"/> Foreign Trade Mission	<input type="checkbox"/> International Compliance Testing	<input type="checkbox"/> RAISE Program Research
<input type="checkbox"/> Foreign Trade Show	<input type="checkbox"/> Translation, Website Localization or Marketing Materials	<input type="checkbox"/> ExporTech/ Other Exporter Education
<input type="checkbox"/> Foreign Market Sales Trip	<input type="checkbox"/> Shipping Samples Internationally	<input type="checkbox"/> Other

**Please describe how this funding was used for export activities in more detail:**

What was the target market(s) accomplished with this application (list all countries):
How did this funding strengthen your export sales?

## Accomplishments

Describe your accomplishments with these funds:
What are the actual export sales from these activities in USD?
What are the anticipated export sales from these activities over the next 2 years in USD?
Did or will any of the funding for this project come from an outside source other than the applying company?

## Reimbursement Details:

Please outline all actual costs in the spreadsheet below, this will vary widely from project to project, but please be as complete as possible. Include travel costs (airfare, per diem, ground transportation and lodging), show costs (registration fees, booth and design fees), translation costs, shipping, compliance testing and more based on your activity(s). Use additional pages or supplementary documents as needed.

Lodging and Per Diem costs will be reimbursed based on government international per diem rates as outlined here: [https://aoprals.state.gov/web920/per\\_diem.asp](https://aoprals.state.gov/web920/per_diem.asp)

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

- Receipts
- Proof of Payment (credit card statement, canceled check, etc.)

## Reimbursement Details(continued):

Item	Description	Actual Cost	Receipt #
<i>Total Request for Reimbursement (\$5000 maximum)</i>			

**Please sign below that all of the information provided is true and correct to the best of your knowledge, The recipient of these funds understands that submitting false or misleading information in connection with this application will result in the applicant being found ineligible for financial assistance in the future.**

\_\_\_\_\_  
Signature (required) Date

\_\_\_\_\_  
Printed Name Title

**Return the completed form with attached documents to:**  
North Dakota Trade Office | 4844 Rocking Horse Circle South, Suite 1 | Fargo, ND 58104 | [Amanda@ndto.com](mailto:Amanda@ndto.com)