



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 30 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:
Names of Traveler(s) to be covered:
Dates of travel:
Should any dates be considered non-business travel? Please list:
Countries & Cities Visited:

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

Goal 1 and Outcome:
Goal 2 and Outcome:

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 2024 per country:			
Would you be interested in bringing prospective buyers from this country to the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Depends
Would you be interested in visiting this country again and/or bringing prospective buyers from this country to the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Depends
If yes, what, if anything, would you do differently?			
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/Email the completed form with attached documents to:

Specialty Crops Export Program
 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
 amanda@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.)				
Transportation (Airfare, Train, etc.)				
Transportation (Airfare, Train, etc.)				
Hotel Lodging Rates (at federally approved rate)				
Meals				
Other (Describe):				
Other (Describe):				
Other (Describe):				
Grand Total				
<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	

FLY AMERICA ACT WAIVER CHECKLIST

Please provide documentation for all checked items

To assist in determining the qualification for a waiver of the restrictions of the Fly America Act under 41 CFR Part 301-10, check the applicable statement(s) below.

Foreign air travel on a non-U.S. air carrier is financed by US Government, or will be claimed as costs under an award.
(If you do not check this block, the restrictions of the Fly America Act do not apply. Check at least one of the statements below to qualify for a waiver of the restrictions of the Fly America Act.)

Use of foreign air carrier is a matter of necessity because of. (Must check one below)

- US flag air carrier cannot provide the air transportation needed, e.g.
- Use of foreign air carrier is necessary for medical reasons.
- Use of foreign air carrier is required to avoid unreasonable risk to traveler's safety.
(See 41 CFR 301-10.138(b)(2) for supporting evidence needed.)
- Seat on US air carrier in authorized class of service is unavailable, seat on foreign air carrier in authorized class of service is available.
- Other (Provide detailed explanation.)
- Use of US flag air carrier will not accomplish the Department's mission. (Provide detailed justification)
- Bilateral or multilateral air transportation agreement. US is a party and Dept. of Transportation determines agreement meets requirements of Fly America Act.
- No US flag air carrier provides service on a particular leg of your route (Travelers can only use foreign air carrier to or from the nearest interchange point to connect with a U.S.carrier).
- A US flag air carrier involuntarily reroutes traveler on a foreign air carrier.
- Service on a foreign air carrier is three hours or less, and use of US flag air carrier doubles en route travel time.
- Air travel is between the US and another country and use of a US carrier on a nonstop flight extends travel time by 24 hours or more.
- Any other air travel. (You must check at least one of the following statements to qualify for a waiver of the FlyAmerica Act restrictions in this section).
 - Use of a US carrier increases the number of aircraft changes outside the US by two or more.
 - Use of a US carrier extends travel time by six hours or more.
 - Use of a US carrier requires a connecting time of four hours or more at an overseas interchange point.

Remember, you must use a US flag air carrier on every portion of the route where it provides service unless you qualify for a waiver. **Please note that lower cost and personal convenience are not acceptable criteria for justifying the non-availability of a US –flag air carrier.** *This checklist is meant as a helpful guide and not as a final determination on applicability or scope of Fly America. Please refer to 41 CFR Part 310-10 for official guidance on Fly America and its exemptions.*

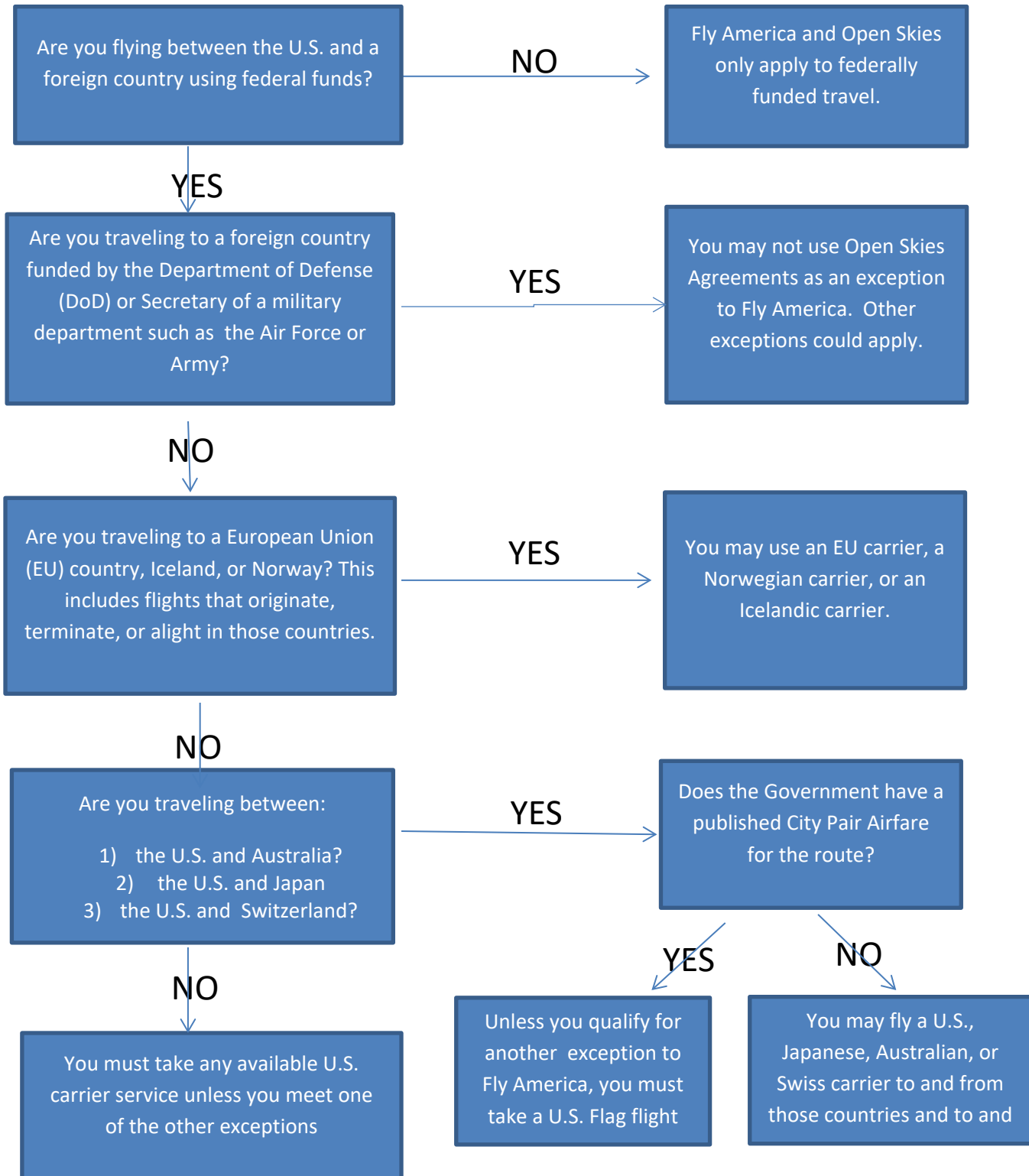
Remember, you **must use a US flag air carrier on every portion of the route where it provides service** unless you qualify for a waiver item above. If a travel expense is disallowed, the company accepts liability of charges.

NAME OF TRAVELER: _____ DATE: _____

SIGNATURE: _____

*for full guidance on FLY America as it relates to your travel see: <https://www.gsa.gov/policy-regulations/policy/travel-management-policy-overview/fly-america-act>

Fly America and Open Skies Agreements



Still Unsure:

Send your potential flights to NDTO, and the grants team can review and assess the compliance of flights prior to your trip to ensure they are compliant with the Fly America Standards and they are able to be covered by the grant.

Fly America Act: <https://www.gsa.gov/policy-regulations/policy/travel-management-policy-overview/fly-america-act>