



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



# RHODE ISLAND STEP PROGRAM

## Request for Reimbursement

Please submit this Request for Reimbursement within 45 days of completion of an approved project. The following documents must be submitted along with the Request for Reimbursement:

- x Copies of all invoices for all eligible expenses
- x Proof of payment in full, in US dollars, for all eligible expenses.
- x Proof of project completion.

### Section A ±Company Information

1) Company name:	
2) Name and title of authorized STEP contact person:	
3) Street:	
4) City, State, ZIP:	
5) Telephone:	
6) Email:	
7) Website:	

### Section B ±Project Details

8) Please check the type(s) of project that you have completed:

<input type="checkbox"/> U.S. Dept. of Commerce program	<input type="checkbox"/> International trade show	<input type="checkbox"/> Export training program
<input type="checkbox"/> Export marketing support	<input type="checkbox"/> Export credit insurance policy fees	

9) Please describe the completed project, including the product(s) and/or service(s) involved i(d)-3.0029/.002940s he project



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**BUODE**

10) Project completion date:

11) What specific country or countries did you target and/or connect with during this project?

Country <b>Must list at least one specific country</b>		Comments (optional)
	<input type="checkbox"/> TARGETED <input type="checkbox"/> CONNECTED	
	<input type="checkbox"/> TARGETED <input type="checkbox"/> CONNECTED	
	<input type="checkbox"/> TARGETED <input type="checkbox"/> CONNECTED	
	<input type="checkbox"/> TARGETED <input type="checkbox"/> CONNECTED	

12)



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program, I agree to provide feedback to the Chafee Center on actual export sales resulting from this activity as requested.

Name:		Date:
Title:		Must be an authorized signer for the company
Signature:		

