



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	: :		
Name and title authorized STI contact persor	ĒP		
3) Street:			
4) City, State, ZIF	:		
5) Telephone:			
6) Email:			
7) Website:			
Section B	±Project De	etails	
) Please check the	type(s) of project that	you have completed:	
	Commerce program	☐ International trade show	Export training program
Export market	ng support	Export credit insurance policy fees	

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



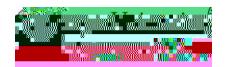


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Project completion date: What specific country or a second country or a second country.	countries did you targ	et and/or connect with	during this project?
Country Must list at least one specific country			Comments (optional)
	☐ TARGETED	CONNECTED	

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: