



# Trade Show Incentive Program Request for Reimbursement

Name of Business: \_\_\_\_\_  
(full legal business name required)

Mailing Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Dates: \_\_\_\_\_ Event Location: \_\_\_\_\_

### MANDATORY FOR ALL EVENTS

The trade show event named above has been completed and the following documentation is attached:

- Final Report \_\_\_\_\_
- Copies of Proof of Payment \_\_\_\_\_
- Itemized Expenditure Report \_\_\_\_\_
- Copies of all paid invoices \_\_\_\_\_
- Photograph of Booth at Event \_\_\_\_\_

### REQUEST FOR REIMBURSEMENT

<u>Description</u>	<u>Actual</u>
Expenditures (Total from Itemized Expenditure Report)	\$ _____
Reimbursement Requested (Not to exceed Grant Award or 50% of expenditures, whichever is less)	\$ _____

*I hereby certify that this request for reimbursement is correct and just and is based upon actual payment(s) of record; reimbursement has not been received from any state government source; and, the activities were conducted in accordance with the guidelines of the Trade Show Incentive Program.*

\_\_\_\_\_  
Signature
Title
Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Reimbursement Amount: \_\_\_\_\_

Program Manager Approval: \_\_\_\_\_

**PAYMENT VOUCHER APPROVAL**

I certify that this voucher and the items included herein for payment are correct and just in all respects.

By: \_\_\_\_\_ Date: \_\_\_\_\_

**AGENCY APPROVAL**

I certify, under penalty of perjury, that the above articles were delivered and received, or services performed as stated and the payment voucher is approved for payment.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Director/Designee Approval

Budget #: 085-0125

Doc ID#: \_\_\_\_\_



## Trade Show Incentive Program Itemized Expenditure Report

Name of Business (full legal business name required): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Trade Event Name/Location: \_\_\_\_\_

Trade Event Dates: \_\_\_\_\_

<u>*Item</u>	<u>Amount</u>
1. Booth Fees	\$ _____
2. Furniture Rental	\$ _____
3. Utilities	\$ _____
4. Lighting Fixtures	\$ _____
5. Misc. Membership Fees	\$ _____
6. Airfare	\$ _____
7. Baggage	\$ _____
8. Transportation to and from airport	\$ _____
9. Seminar room and audio visual equipment rental	\$ _____
10. Shipping to and from the event	\$ _____
11. Storage	\$ _____
12. Drayage	\$ _____
13. Labor	\$ _____
14. _____	\$ _____
15. _____	\$ _____
16. _____	\$ _____
17. _____	\$ _____
18. _____	\$ _____
19. _____	\$ _____

**Total Expenditures** \_\_\_\_\_

**\* Only items approved in the original application are eligible for reimbursement consideration.**



## Trade Show Incentive Program Final Report

Your feedback is important and will be used to evaluate the effectiveness of the program. If additional space is required, feel free to attached additional pages. Please type or print your responses.

**Name of Person Completing Report:** \_\_\_\_\_

**Company Name** (full legal business name required): \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Name of Trade Event Attended:** \_\_\_\_\_

**Dates of Event:** \_\_\_\_\_ **Location of Event:** \_\_\_\_\_

**Project Narrative: (Briefly describe the trade event, prospects, etc.)**

### EVENT GOALS

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

<u>Goal Description</u>	<u>Actual Result</u>
1. Leads	_____
2. Direct Sales	\$ _____
3. Purchase Orders	\$ _____
4. _____	_____
5. _____	_____

### **SHOW LEADS**

1. Total sales leads were generated? \_\_\_\_\_
2. How many of these were for agents/Sales Representative? \_\_\_\_\_
3. How many for distributors? \_\_\_\_\_
4. How many for wholesalers? \_\_\_\_\_
5. How many for Licensee? \_\_\_\_\_
6. How many for joint ventures? \_\_\_\_\_
7. Other: \_\_\_\_\_



**IMPACT** – As a result of attending this show, do you anticipate the following to impact your business (directly or indirectly).

	<u>Direct</u>	<u>Indirect</u>		
1. Increased payroll	<input type="checkbox"/>	<input type="checkbox"/>	_____ Full-time	_____ Part-time
			_____ Seasonal	_____ Temporary
			<b>Taxable</b>	<b>Non-Taxable</b>
2. Capital Expenditures	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**SATISFACTION**

	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>
1. I am satisfied with the number of leads.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am satisfied with the number and amount of sales generated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I would recommend this event to other companies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would attend this show again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am planning on attending this show again next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Why or why not?			

**GENERAL COMMENTS**