

**Agricultural International Trade Participation Program (AITPP)  
Request for Reimbursement**

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Company Name  
Contact Person Title  
Address  
City, State, Zip  
Telephone Fax  
Email Address  
Promotional Event  
Location Dates  
Exchange Rate (**receipt must be attached**) US \$1 =

**EXPENSE DETAIL**

**Receipts or other proof of payment required for ALL expenses over \$25.00  
Please indicate on each receipt the expense incurred (i.e. taxi, shipping, lodging)**

**Description**

**Travel Expense**

Airfare (attach itinerary/copy of tickets)  
Lodging – actual amount up to federal maximum (attach receipts)  
Ground transportation (attach separate sheet listing mode of travel,  
destination and cost)

**Meals & Incidentals** – based on Federal allowance (List city, M & IE rate and number of days)

City	M & IE	Number of days
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**Other Expenses**

Product Shipping (include receipts)  
Translation (include receipts)  
Exhibitor costs and fees (attach receipts and explanation)

**TOTAL EXPENSES**

**TOTAL REIMBURSEMENT REQUESTED  
(The lesser of 50% or \$1,750)**

**IMPORTANT:** Print document before exiting this page, otherwise information may be lost.

Print completed form and mail to:

Colorado Dept. of Agriculture  
Markets Division  
700 Kipling St., Suite 4000  
Lakewood, CO 80215-8000