

EXPORT SALES CONFIRMATION FORM

Pennsylvania's Office of International Business Development (OIBD) delivers export development services to Pennsylvania's business community. The services you receive from OIBD and our partners are financed by the 'World Trade PA' line item in the Pennsylvania State Budget.



To measure our program's effectiveness and ensure these strategic export development services remain available to you, we ask that you report the value of export sales facilitated directly or indirectly by OIBD, our authorized trade representatives and/or your Regional Export Network (REN) Partner, **World Trade Center Harrisburg**.



WORLD TRADE CENTER®
HARRISBURG
SERVING CENTRAL PENNSYLVANIA

This form can be completed electronically but a signature is required. Print and sign the completed form and return it to:

Tina Weyant | World Trade Center Harrisburg | E-mail: tina@wtccentralpa.org | Fax: 717-854-0087

EXPORT SALES

I confirm that OIBD, its authorized trade representatives and/or our REN Partner assisted our company directly or indirectly with the following export sales. **Reporting period:**

SALE DATE / DATE RANGE (MM-MM / YYYY)	COUNTRY / DESTINATION	SALE VALUE	FIRST EXPORT TO THIS MARKET?	REN USE ONLY ATR ASSIST?
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO ____
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO ____
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO ____
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO ____
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO ____
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO ____
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO ____
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO ____
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO ____
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO ____

Check this box if attaching additional sales on a separate page or document (spreadsheet, letter, e-mail). Documents must include your company name and the sale date/date range, country/destination and value of each sale.

PROGRAMS & SERVICES

Indicate which of the following OIBD programs and services contributed to the export sales above. Check all that apply.

<input type="checkbox"/> General Export Counseling	<input type="checkbox"/> Foreign Company Background Check
<input type="checkbox"/> Market Research <i>Market Overview, Certifications, Regulations, Tariffs</i>	<input type="checkbox"/> Trade Mission / Trade Show
<input type="checkbox"/> Foreign Partner Search <i>Agents, Distributors, Representatives</i>	<input type="checkbox"/> Grant Program <i>Global Access Program (GAP) / Market Access Grant (MAG)</i>
<input type="checkbox"/> Trade Lead Assistance <i>Identification, Qualification</i>	<input type="checkbox"/> Other – Please specify:

COMMENTS & SUGGESTIONS

We value your comments and suggestions.

CONTACT INFORMATION

COMPANY NAME	
CONTACT NAME	TITLE
TELEPHONE	E-MAIL
SIGNATURE	DATE

Thank you for your cooperation.

