ITEMIZED STATEMENT OF PAYMENTS - LOCAL COSTS FOR US EXIM LONG-TERM GUARANTEES AND DIRECT LOANS

OMB No.: XXXX-XXXX

ITEMIZED STATEMENT OF PAYMENTS - LOCAL COSTS
Long-Term Guarantees and Direct Loans

EXIM Bank Transaction No:	Transaction No: 123
Local Cost Request Number:	Request Number: 456
Local Cost Provider Name:	Exp Name BBB
Local Cost Provider Address:	Exp Addr: BBB Address
Supply Contract No(s):	Contract No(s): 789
NAICS:	222240

Acquisition List No.	Invoice No.	Invoice Amount	Invoice Amount Paid	Acquisition List Description of Item	Remarks/Comments
		0.00	0.00		
		0.00	0.00		
		0.00	0.00		
		0.00	0.00		
		0.00	0.00		
		0.00	0.00		
		0.00	0.00		
		0.00	0.00		
		0.00	0.00		
		0.00	0.00		
		0.00	0.00		
		0.00	0.00		

TOTAL INVOICE AMOUNT	0.00	0.00	**TOTAL INVOICE AMOUNT PAID**	**INDICATE CURRENCY**
		0.00	LESS Other	<Comments for Less Other to be entered here>
		0.00	NET AMOUNT	
		0.0000000	EXCHANGE RATE	
		<MM/DD/YYYY>	DATE OF CONVERSION	
TOTAL GROSS AMOUNT	$0.00	$0.00	TOTAL PAYMENTS IN US DOLLARS	
		$0.00	LESS Other	<Comments for Less Other to be entered here>
		$0.00	TOTAL FINANCED AMOUNT	

INSTRUCTIONS AND NOTES: LINK to exim.gov

For any questions about completing this form, contact Credit Administration at credit.administration@exim.gov.

Paperwork Reduction Act Statement: We estimate that it will take you about 30 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to EXIM and the Office of Management and Budget, Paperwork Reduction Project OMB # XXXX-XXXX Washington, D.C. 20503.