ITEMIZED STATEMENT OF PAYMENTS - LOCAL COSTS FOR EXIM CREDIT GUARANTEE FACILITY



OMB No.: XXXX-XXXX

ITEMIZED STATEMENT OF PAYMENTS - LOCAL COSTS	7				OF THE UNITED STATES	
Credit Guarantee Facility						
,						
EXIM Bank Transaction No:						
Local Cost Request Number:	1					
Local Cost Provider Name:						
Local Cost Provider Address:	7					
Date of Exporter's Certificate(s):		<mm d<="" td=""><td>D/YYYY></td><td></td><td></td><td></td></mm>	D/YYYY>			
NAICS:						
				•		
	Invoice No.	Invoice Amount	Invoice Amount Paid	Description of Local Cost Goods and Services	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			_
	TOTAL INVOICE AMOUNT	0.00	0.00	TOTAL INVOICE AMOUNT PAID	INDICATE CURRENCY	<enter 3="" code="" digit=""></enter>
	TOTAL INVOICE AMOUNT	0.00		LESS Other	Comments for Less Other to be entered here>	<enter 3="" code="" digit=""></enter>
			0.00	LESS OTHER	Comments for Less Other to be entered here?	_
			0.00	NET AMOUNT	1	
				EXCHANGE RATE	†	
				DATE OF CONVERSION	†	
	TOTAL GROSS AMOUNT	\$0.00		TOTAL PAYMENTS IN US DOLLARS	†	
				LESS Other	<comments be="" entered="" for="" here="" less="" other="" to=""></comments>	1
					-	_
			\$0.00	TOTAL FINANCED AMOUNT	1	
					1	
INSTRUCTIONS AND NOTES: LINK to exim.gov]	
For any questions about completing this form, contact	Credit Administration at credit	.administration@e	exim.gov.]	
Paperwork Reduction Act Statement: We estimate tha not required to provide information requested unless : EXIM and the Office of Management and Budget, Pape	it it will take you about 75 min a valid OMB control number is rwork Reduction Project OMB	utes to complete t displayed on the f # XXXX-XXXX Wa	his form. This inclu form. If you have c shington, D.C. 205	des the time it will take to read the instructions, gather the necessary facts and fill out the form. However, you are omments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to 33.		

EIB 18-03 5/2018