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



OMB No.: 3048-0055 Expires: PENDING 2025

EXIM Bank Transaction No:	ITEMIZED STATEMENT OF PAYMENTS - LOCAL COSTS					EXPORT-IMPORT BANK OF THE UNITED STATES	
SMM Bank Transaction No:		$\dashv$					
Diazal Cost Request Number:	Credit Guarantee Facility						
Decal Cost Provider Name:   Decal Cost Provider Name:   Cocal Cost Scotlary   Cocal Cocal Cost Scotlary   Cocal Cocal Cost Scotlary   Cocal Co	EXIM Bank Transaction No:						
Coal Cost Provider Address:	Local Cost Request Number:	7					
Address 2	Local Cost Provider Name:				Please Select a Country First		
Invoice No.   Invoice Amount   Pald   Description of Local Cost Goods and Services   Remarks/Comments	Local Cost Provider Address:		<address 1=""></address>		<city></city>	<state></state>	<zip code=""></zip>
Invoice No.   Invoice Amount   Invoice Amount   Paid   Description of Local Cost Goods and Services   Remarks/Comments					<country></country>		
Invoice No.   Invoice Amount   Paid   Description of Local Cost Goods and Services   Remarks/Comments			<mm dd="" yyyy=""></mm>			-	
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TOTAL INVOICE AMOUNT 0.00 0.00 TOTAL INVOICE AMOUNT PAID INDICATE CURRENCY < Comments for Less Other to be entered here>							
0.00 LESS Other			0.00	0.00			
0.00 LESS Other			1		L	T	T
0.00 NET AMOUNT 0.000000 EXCHANGE RATE		TOTAL INVOICE AMOUNT	0.00				<enter 3="" code="" digit=""></enter>
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0.0000000 EXCHANGE RATE				0.00	NIT ANOLINIT	٦	
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						4	
TOTAL GROSS AMOUNT \$0.00 \$0.001 TOTAL PAYMENTS IN US DOLLARS		TOTAL CROSS AMOUNT	¢0.00			-	
SUMPLIES Other SOURCES OTHER S		TOTAL GROSS AMOUNT	\$0.00			Comments for Loss Other to be entered here.	7
50.00 LE35 OUIRE COmments for Less Other to be entered nere>				\$0.00	IFE33 OTHER	Comments for less other to be entered here>	_
\$0.00 TOTAL FINANCED AMOUNT				\$0.00	TOTAL FINANCED AMOUNT	٦	
4000 FOREL HINNIED ANNOUNT				\$0.00	I OTAL HIBARCED APPOSITI	7	

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 # 3048-0054 Washington, D.C. 20503.

EIB 18-03 (rev. 09/2024)