EIB 12-01 MT MGA Disbursement Approval Request

Disbursement Request Submission Screenshots (MT Guarantee)

March 2016

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I. Summary

Ex-Im Bank has developed an electronic disbursement approval processing system for guaranteed lenders with transactions documented under Medium-term Master Guarantee Agreements. After an export transaction has been authorized by Ex-Im Bank and legal documentation has been completed, the lender will obtain and review the required disbursement documents (e.g. invoices, bills of lading, Exporter's Certificates, etc.) and will disburse the proceeds of the loan for eligible goods and services. In order to obtain approval of the disbursement, the lender will access and complete an electronic questionnaire through ExIm Online. Ex-Im Bank's action (approved or declined) will be posted on the lender's history page.

An electronic request for disbursement approval has been developed for transactions approved under the 3 types of Medium-term Master Guarantee Agreement with variations in the disbursement request related to the 3 program types:

1. Master Guarantee Agreement (Medium Term Credits - Electronic Compliance Program)
2. Master Guarantee Agreement (Medium Term Credits – Medium Term Delegated Authority Program)
3. Master Guarantee Agreement (Medium Term Credits – Finance Lease)

Eligible costs in the following categories may be authorized by Ex-Im Bank and the disbursement request will have variations depending on the type of cost selected:

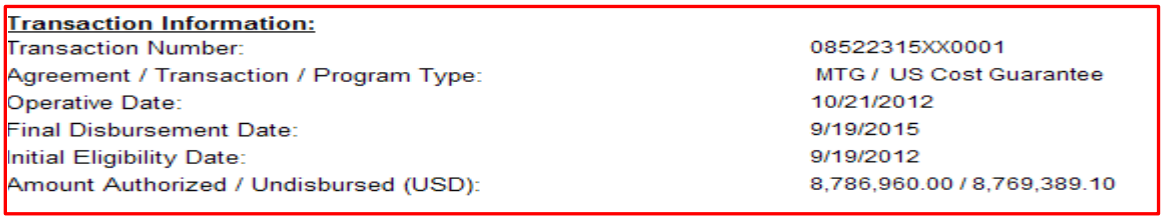
- U.S. goods and services
- Local cost goods and services
- Interest during construction (available under Master Guarantee Agreement 1)

Finally, transactions denominated in a foreign currency may be authorized under Master Guarantee Agreements 1 and 2 listed above. Disbursements under these transactions have special foreign exchange conversion rules depending on whether the U.S. exporter receives payment in U.S. dollars or a foreign currency under the terms of its supply contract. There are slight variations in the request which reflect the foreign exchange conversion approach:

- ✓ Fixed (the U.S. Exporter is paid in foreign currency): The lender is required to enter all financial data in foreign currency values and the System will convert the information to U.S. dollars based on a pre-approved fixed exchange rate associated to the transaction.
- ✓ Floating (the U.S. Exporter is paid in U.S. dollars): The lender is required to enter the total amount of the request in both U.S. dollars and foreign currency values so that a conversion rate can be established with the remaining financial data entered only in U.S. dollars.

The remainder of this document will provide screenshots of the sample Disbursement Request Forms that can be submitted by a Lender through the Ex-Im Online System. These forms are only available in

electronic format and therefore all Lenders are required to submit for approval "on-line." The on-line process helps to confirm that all necessary data is collected up-front by enforcing data validations upon submission as well as ensuring the integrity of the data, meaning what was entered by the Lender, is what is received by Ex-Im Bank. As mentioned earlier, the decision to approve or decline a disbursement request is recorded on the history page and, in addition, is communicated via email to the individual assigned as the contact person on the disbursement request form. Depending on certain attributes of the transaction, the System will dynamically display the appropriate request form (i.e., if the transaction is a foreign currency deal, if the transaction contains local cost, etc.). In addition, the System will automatically display certain fields that are "view-only." This is data that Ex-Im Bank is able to pre-populate based on transaction details stored in our transaction processing systems. These fields are included in the Transaction Information Section. The MT Exposure Fee rate is also pre-populated for transactions under the Medium-Term Guarantee program.

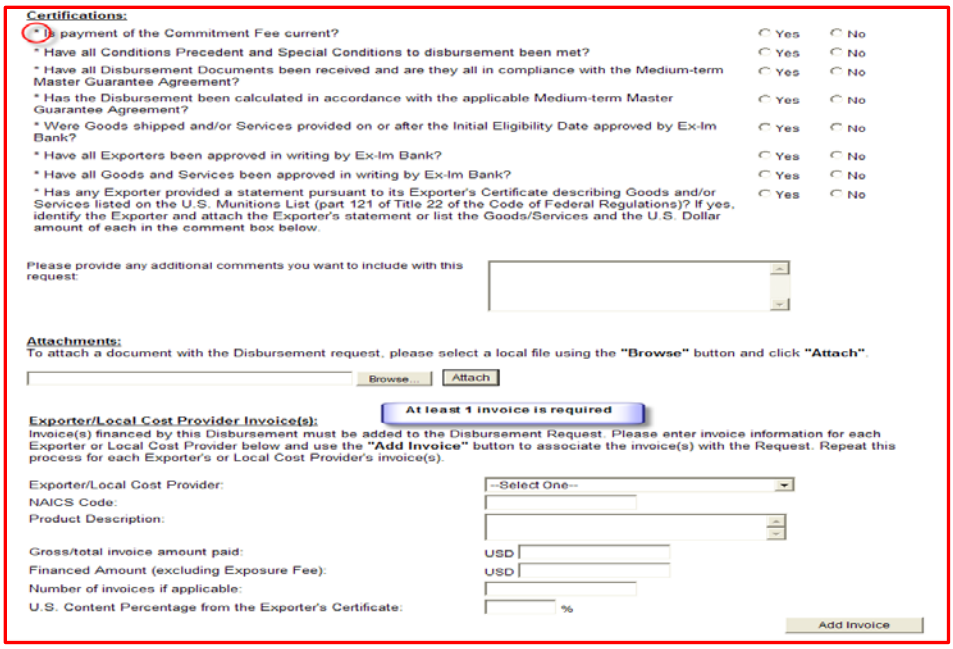


Transaction Information:	
Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / US Cost Guarantee
Operative Date:	10/21/2012
Final Disbursement Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10

The System will default the Contact Information fields based on the contact information submitted with the disbursement request and provide the option for the Lender to update this information. The contact person will receive all email correspondence distributed by the System in reference to the disbursement request submitted.

Contact Information:	
* Contact Person:	Mary Smith
* Telephone Number:	202-565-2200
* Email:	mary.smith@email.com

Lastly, where noted, the System will require at least one invoice entry to be included with a disbursement request as well as any required field will be designed with an asterisk (*). For transactions where the Exposure Fee was paid up front and not financed, the System will not require the Lender to input the Exposure Fee amount and Date Exposure Fee paid. This information is known by the System because it is data that is collected prior to disbursement and subsequently stored in Ex-Im Online.



To better understand what is being communicated in the following pages, see below for a list of acronyms and their corresponding definition:

- MT – Medium-Term
- MTG – Medium Term Guarantee
- IDC – Interest During Construction
- FC – Foreign Currency
- USD – U.S. Dollar
- EOL – Ex-Im Online

The following section provides workflow diagrams, which define the process that will lead the System to determine which form should be presented to the Lender. In order to better illustrate the data collected for each form, a matrix has been included to show the data elements captured for each variation of the disbursement request form. In addition, Section III includes sample screenshots of each request form with the appropriate reference to a particular workflow process (i.e. A. Disbursement Request Form – MT Guarantee (US Cost) corresponds to MT Guarantee – US Cost Workflow "Form A reference" and "Form A" on the matrix).

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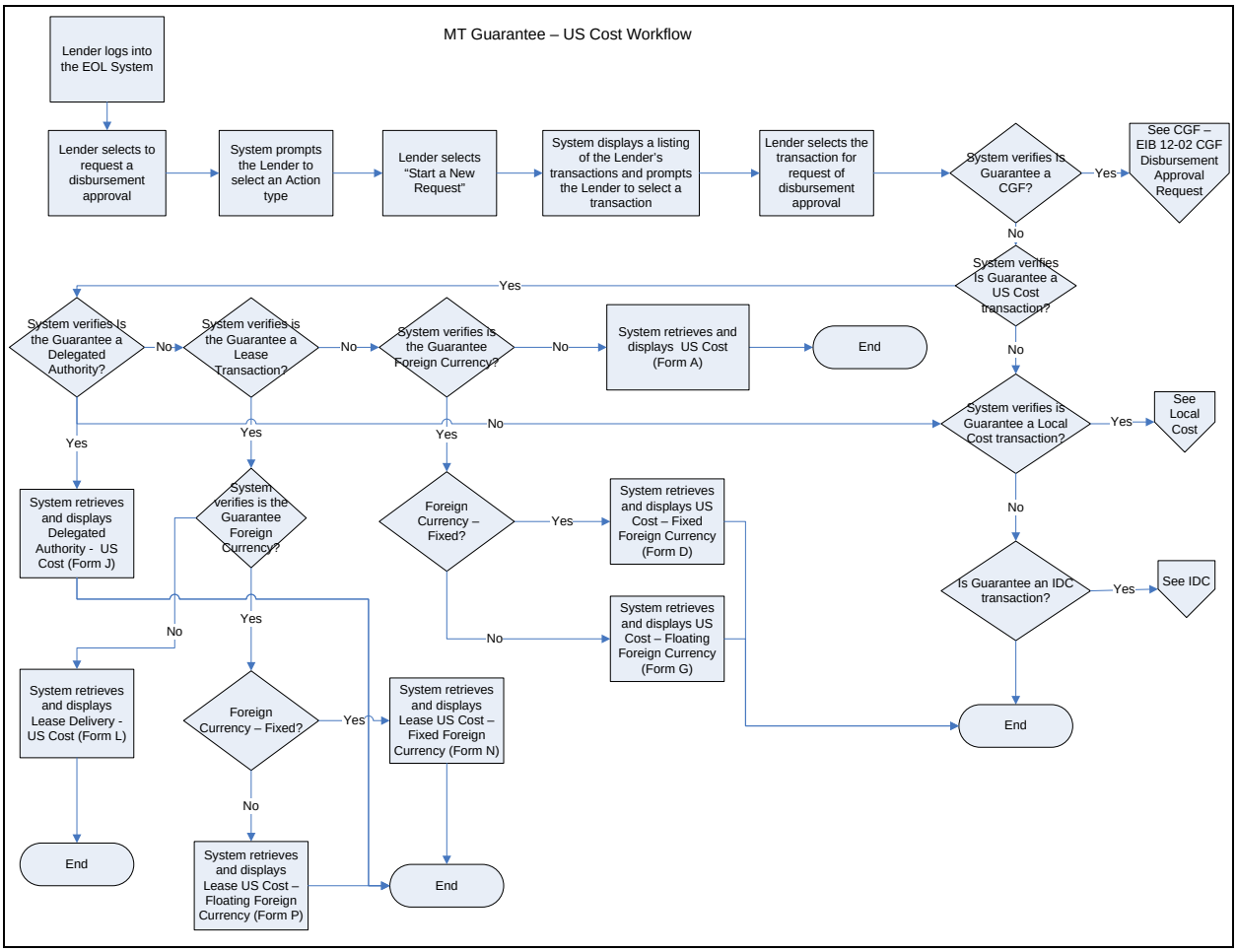
II. Disbursement Request Forms - Workflow

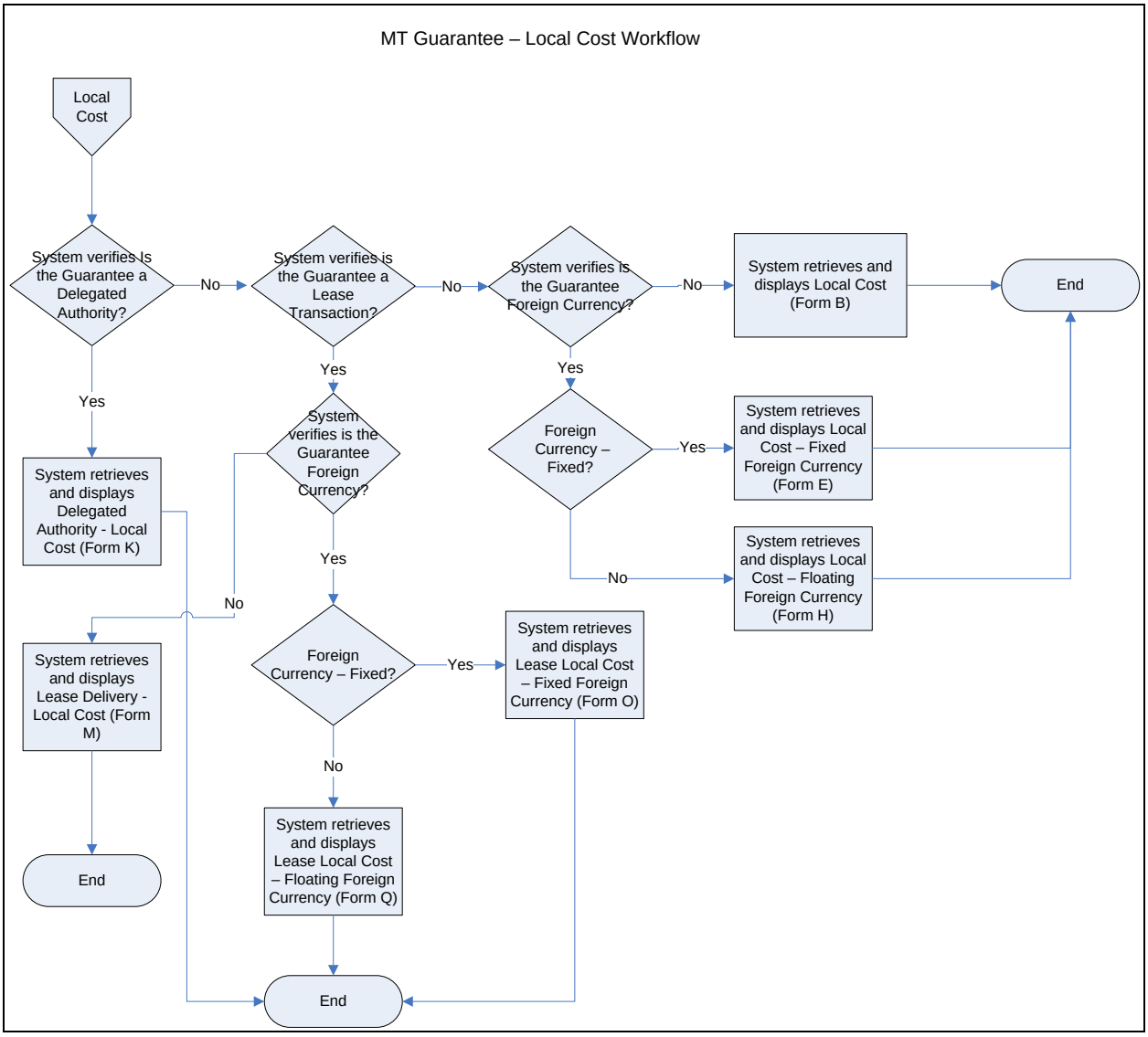
A. Workflow processes

The workflow diagrams illustrate the System processes that occur when identifying which disbursement request form to display to the lender. Section III provides sample screenshots which correspond to an "end state" outlined through the workflow as well as a column in the data matrix outlining the specific elements displayed on a particular form (see section II B.)

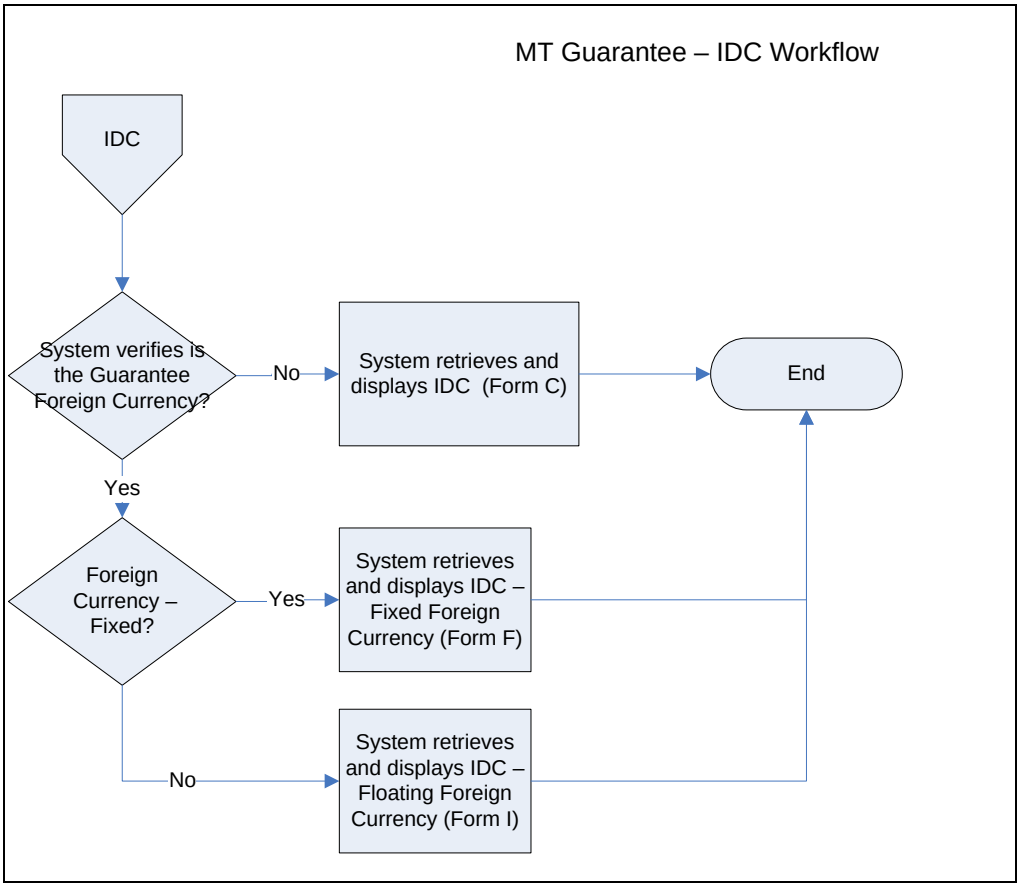
MT Guarantee – US Cost Workflow



MT Guarantee - Local Cost Workflow



MT Guarantee - IDC Workflow

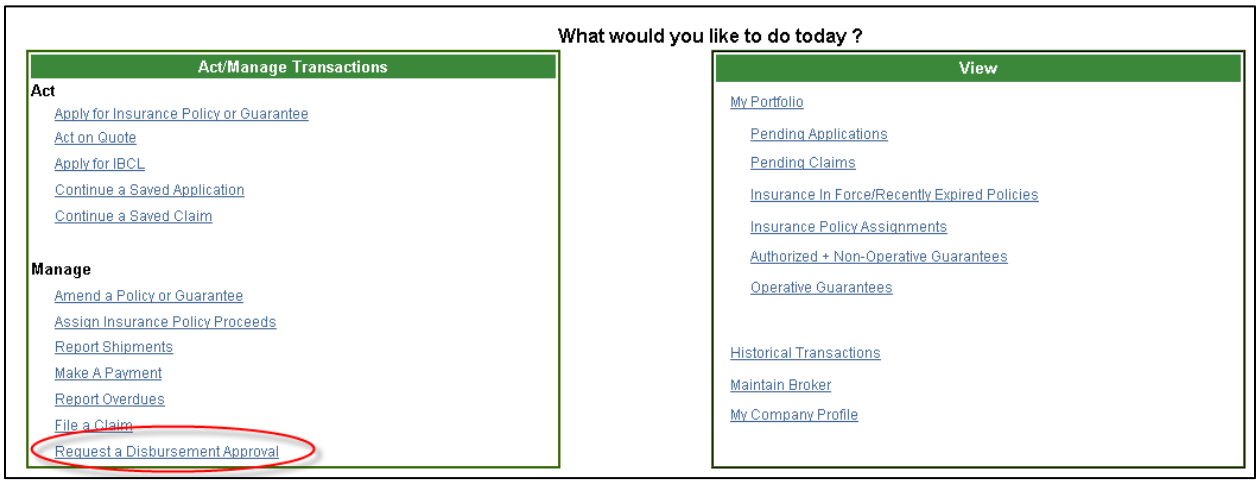


B. Data displayed with each disbursement request form

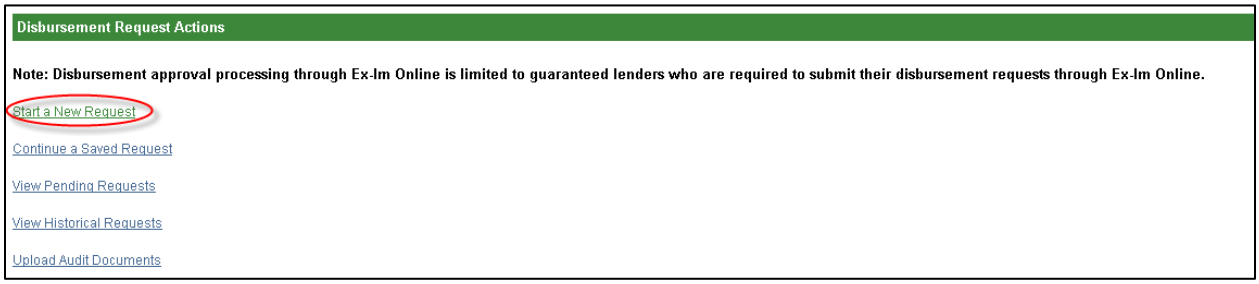
Data Element	Form # A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	Comment
TRANSACTION INFORMATION																		
Transaction Number	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	System populated - view only
Agreements/Transaction/Program Type	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	System populated - view only
Operative Date	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	System populated - view only
Final Disbursement Date	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	System populated - view only
Initial Eligibility Date	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	System populated - view only
Authorized Amount/Undisbursed (USD)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	System populated - view only
CONTACT INFORMATION																		
Contact Person	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Default to individual entering the request
Telephone Number	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Default to individual entering the request
Email	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Default to individual entering the request
DISBURSEMENT [LEASE DELIVERY] INFORMATION																		
Total amount of this request (USD)	X	X	X				X	X	X	X	X	X	X			X	X	
Total amount of this request (FC (i.e. EUR))				X	X	X	X	X	X					X	X	X	X	
Amount of Exposure Fee related to this request (USD)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Exposure Fee Rate related to this request	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	System populated - view only
Amount of Exposure Fee paid to ExIm Bank under this request										X	X							
Date of Disbursement related to this request	X	X	X	X	X	X	X	X	X	X	X							
Date of Lease Delivery related to this request												X	X	X	X	X	X	
Date Exposure Fee was paid to Ex-Im Bank under this request	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
CERTIFICATIONS																		
Is payment of the commitment fee current?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Have all Conditions Precedent and Special Conditions to disbursement been met?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Have all Disbursement Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	X	X	X	X	X	X	X	X	X	X	X							
Have all Lease Delivery Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?												X	X	X	X	X	X	
Has the Disbursement been calculated in accordance with the applicable Medium-Term Master Guarantee Agreement?	X	X	X	X	X	X	X	X	X	X	X							
Has the Lease Supplement Financed Amount been calculated in accordance with the applicable Medium-Term Master Guarantee Agreement?												X	X	X	X	X	X	
Were Goods shipped and/or Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	X			X			X			X		X		X		X		
Were Local Cost Goods shipped and/or Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?		X			X			X			X		X		X		X	
Have all Exporters been approved in writing by Ex-Im Bank?	X			X			X			X		X		X		X		
Have all Local Cost Providers been approved in writing by Ex-Im Bank?		X			X			X			X		X		X		X	
Have all Goods and Services been approved in writing by Ex-Im Bank?	X			X			X			X		X		X		X		
Have all Local Cost Goods and Services been approved in writing by Ex-Im Bank?		X			X			X			X		X		X		X	
Has any Exporter provided a statement pursuant to its Exporter's Certificate describing Goods and/or Services listed on the U.S. Munitions List (part 121 of Title 22 of the Code of Federal Regulations)? If yes, identify the Exporter and attach the Exporter's statement or list the Good/Services and the U.S. Dollar amount of each in the comment box below?	X			X			X			X		X		X		X		
Additional Comments Box	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
ATTACHMENTS																		
Attachments Link	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
EXPORTER/LOCAL COST PROVIDER INVOICE(S) [OR LEASE SUPPLEMENT(S)]																		
Exporter/Local Cost Provider	X	X		X	X		X	X		X	X	X	X	X	X	X	X	Pre-populated based on approved list of exporter/local cost providers
NAICS Code	X	X		X	X		X	X		X	X	X	X	X	X	X	X	
Product Description	X	X		X	X		X	X		X	X	X	X	X	X	X	X	
Gross/total invoice amount paid (USD)	X	X					X	X		X	X	X	X			X	X	
Gross/total invoice amount paid (FC (i.e. EUR))				X	X									X	X			
Financed Amount (excluding Exposure Fee) (USD)	X	X					X	X		X	X	X	X			X	X	
Financed Amount (excluding Exposure Fee) (FC (i.e. EUR))				X	X									X	X			
Number of invoices	X	X		X	X		X	X		X	X							
Number of invoices or lease supplements												X	X	X	X	X	X	
U.S. Content Percentage from the Exporter's Certificate	X			X			X			X		X		X		X		

C. Accessing a Transaction

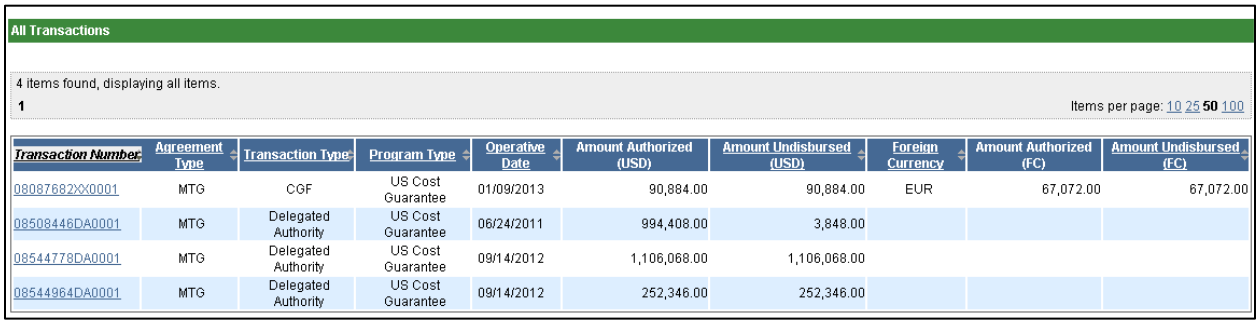
Once logged into ExIm Online, the System will present the Lender with a menu of options asking the Lender, "What do you want to do today?" On the left hand side, the Lender will select "Manage – Request a Disbursement Approval" (see below).



From this screen, the System will ask the Lender what action they want to take and the Lender will select to "Start a New Request".



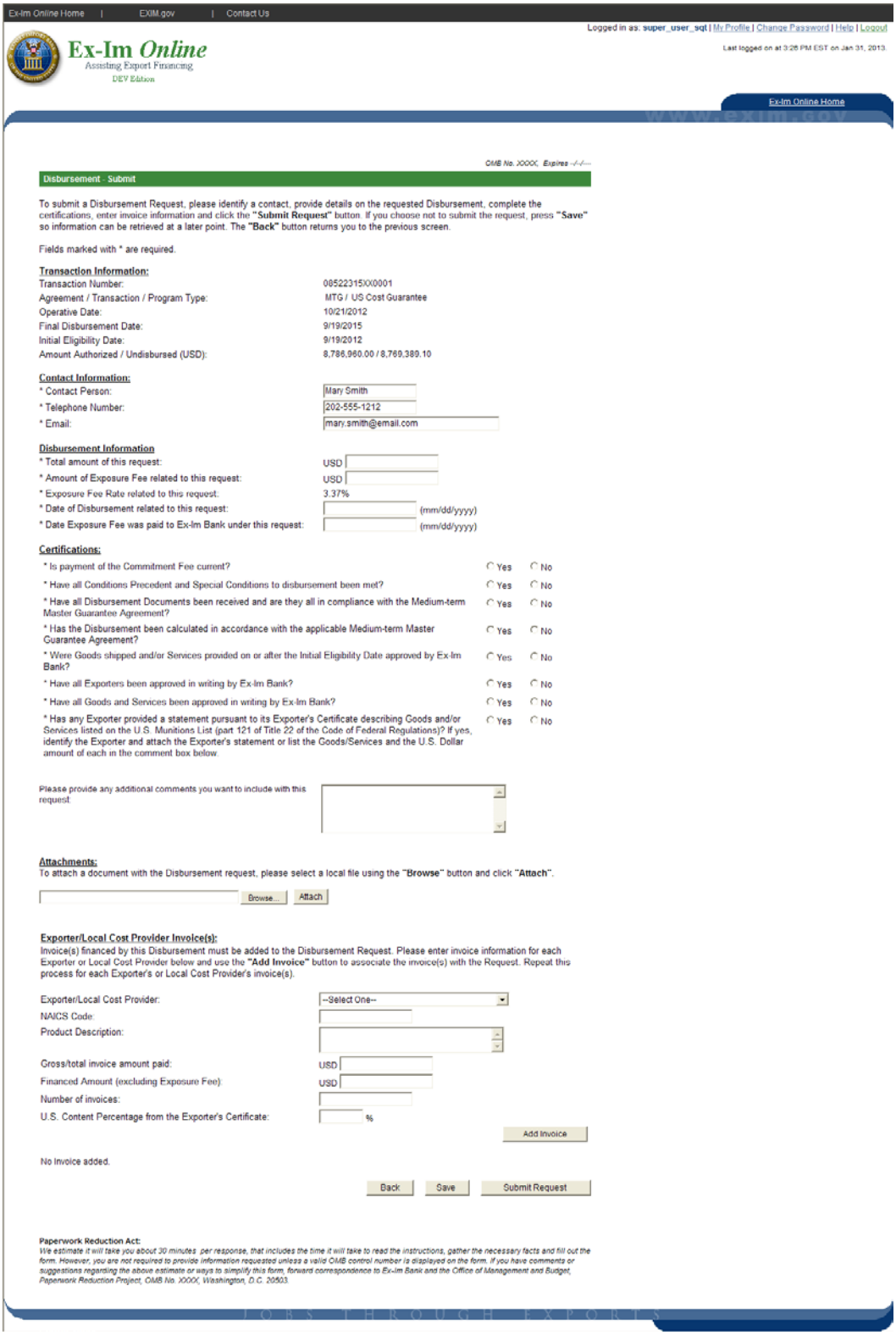
Once this option is selected, the System will display a listing of transactions associated to the Lender. Based on the transaction selected, the System will display the appropriate disbursement request screens which are included in Section III of this document.



Transaction Number	Agreement Type	Transaction Type	Program Type	Operative Date	Amount Authorized (USD)	Amount Undisbursed (USD)	Foreign Currency	Amount Authorized (FC)	Amount Undisbursed (FC)
08087682XX0001	MTG	CGF	US Cost Guarantee	01/09/2013	90,884.00	90,884.00	EUR	67,072.00	67,072.00
08508446DA0001	MTG	Delegated Authority	US Cost Guarantee	06/24/2011	994,408.00	3,848.00			
08544778DA0001	MTG	Delegated Authority	US Cost Guarantee	09/14/2012	1,106,068.00	1,106,068.00			
08544964DA0001	MTG	Delegated Authority	US Cost Guarantee	09/14/2012	252,346.00	252,346.00			

III. Disbursement Request Forms – Sample Forms

A. Disbursement Request Form – MT Guarantee (US Cost)



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Logged in as: super_user_sqt | My Profile | Change Password | Help | Logout

Last logged on at 3:26 PM EST on Jan 31, 2013.

Ex-Im Online

Assisting Export Financing

DEV Edition

Ex-Im Online Home

OMB No. XXXX, Expires -/-/----

Disbursement - Submit

To submit a Disbursement Request, please identify a contact, provide details on the requested Disbursement, complete the certifications, enter invoice information and click the **"Submit Request"** button. If you choose not to submit the request, press **"Save"** so information can be retrieved at a later point. The **"Back"** button returns you to the previous screen.

Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / US Cost Guarantee
Operative Date:	10/21/2012
Final Disbursement Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Disbursement Information

* Total amount of this request:	USD
* Amount of Exposure Fee related to this request:	USD
* Exposure Fee Rate related to this request:	3.37%
* Date of Disbursement related to this request:	(mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	Yes / No
* Have all Conditions Precedent and Special Conditions to disbursement been met?	Yes / No
* Have all Disbursement Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	Yes / No
* Has the Disbursement been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	Yes / No
* Were Goods shipped and/or Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	Yes / No
* Have all Exporters been approved in writing by Ex-Im Bank?	Yes / No
* Have all Goods and Services been approved in writing by Ex-Im Bank?	Yes / No
* Has any Exporter provided a statement pursuant to its Exporter's Certificate describing Goods and/or Services listed on the U.S. Munitions List (part 121 of Title 22 of the Code of Federal Regulations)? If yes, identify the Exporter and attach the Exporter's statement or list the Goods/Services and the U.S. Dollar amount of each in the comment box below.	Yes / No

Please provide any additional comments you want to include with this request:

Attachments:

To attach a document with the Disbursement request, please select a local file using the **"Browse"** button and click **"Attach"**.

Browse... Attach

Exporter/Local Cost Provider Invoice(s):

Invoice(s) financed by this Disbursement must be added to the Disbursement Request. Please enter invoice information for each Exporter or Local Cost Provider below and use the **"Add Invoice"** button to associate the invoice(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s).

Exporter/Local Cost Provider:	--Select One--
NAICS Code:	
Product Description:	
Gross/total invoice amount paid:	USD
Financed Amount (excluding Exposure Fee):	USD
Number of invoices:	
U.S. Content Percentage from the Exporter's Certificate:	%

Add Invoice

No Invoice added.

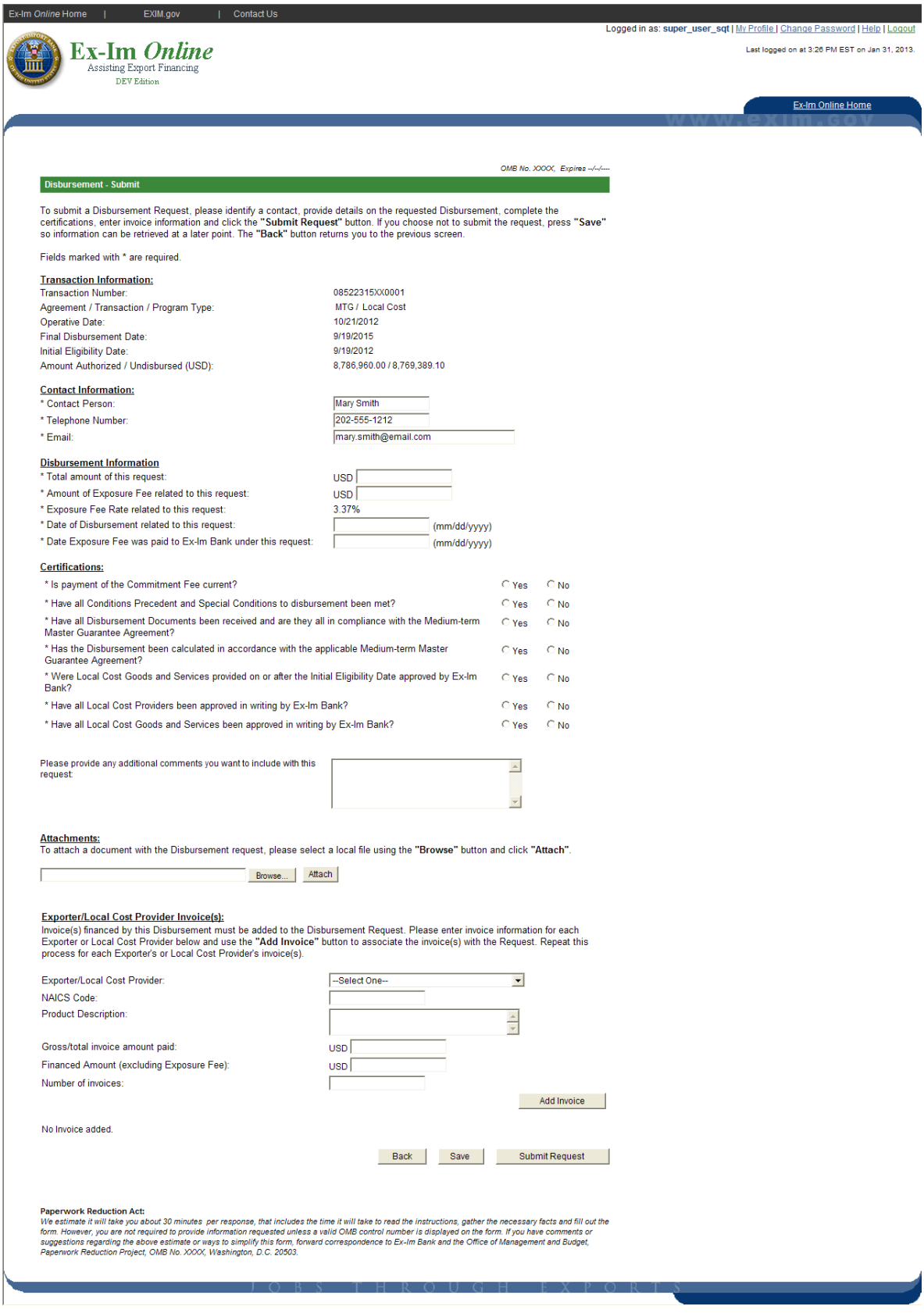
Back Save Submit Request

Paperwork Reduction Act:

We estimate it will take you about 30 minutes per response, that 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 Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.

JOBS THROUGH EXPORTS

B. Disbursement Request Form – MT Guarantee (Local Cost)



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OMB No. XXXX, Expires --/--/----

Disbursement - Submit

To submit a Disbursement Request, please identify a contact, provide details on the requested Disbursement, complete the certifications, enter invoice information and click the **"Submit Request"** button. If you choose not to submit the request, press **"Save"** so information can be retrieved at a later point. The **"Back"** button returns you to the previous screen.

Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / Local Cost
Operative Date:	10/21/2012
Final Disbursement Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Disbursement Information

* Total amount of this request:	USD
* Amount of Exposure Fee related to this request:	USD
* Exposure Fee Rate related to this request:	3.37%
* Date of Disbursement related to this request:	(mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	Yes No
* Have all Conditions Precedent and Special Conditions to disbursement been met?	Yes No
* Have all Disbursement Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	Yes No
* Has the Disbursement been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	Yes No
* Were Local Cost Goods and Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	Yes No
* Have all Local Cost Providers been approved in writing by Ex-Im Bank?	Yes No
* Have all Local Cost Goods and Services been approved in writing by Ex-Im Bank?	Yes No

Please provide any additional comments you want to include with this request:

Attachments:
To attach a document with the Disbursement request, please select a local file using the **"Browse"** button and click **"Attach"**.

Browse... Attach

Exporter/Local Cost Provider Invoice(s):
Invoice(s) financed by this Disbursement must be added to the Disbursement Request. Please enter invoice information for each Exporter or Local Cost Provider below and use the **"Add Invoice"** button to associate the invoice(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s).

Exporter/Local Cost Provider:	--Select One--
NAICS Code:	
Product Description:	
Gross/total invoice amount paid:	USD
Financed Amount (excluding Exposure Fee):	USD
Number of invoices:	

Add Invoice

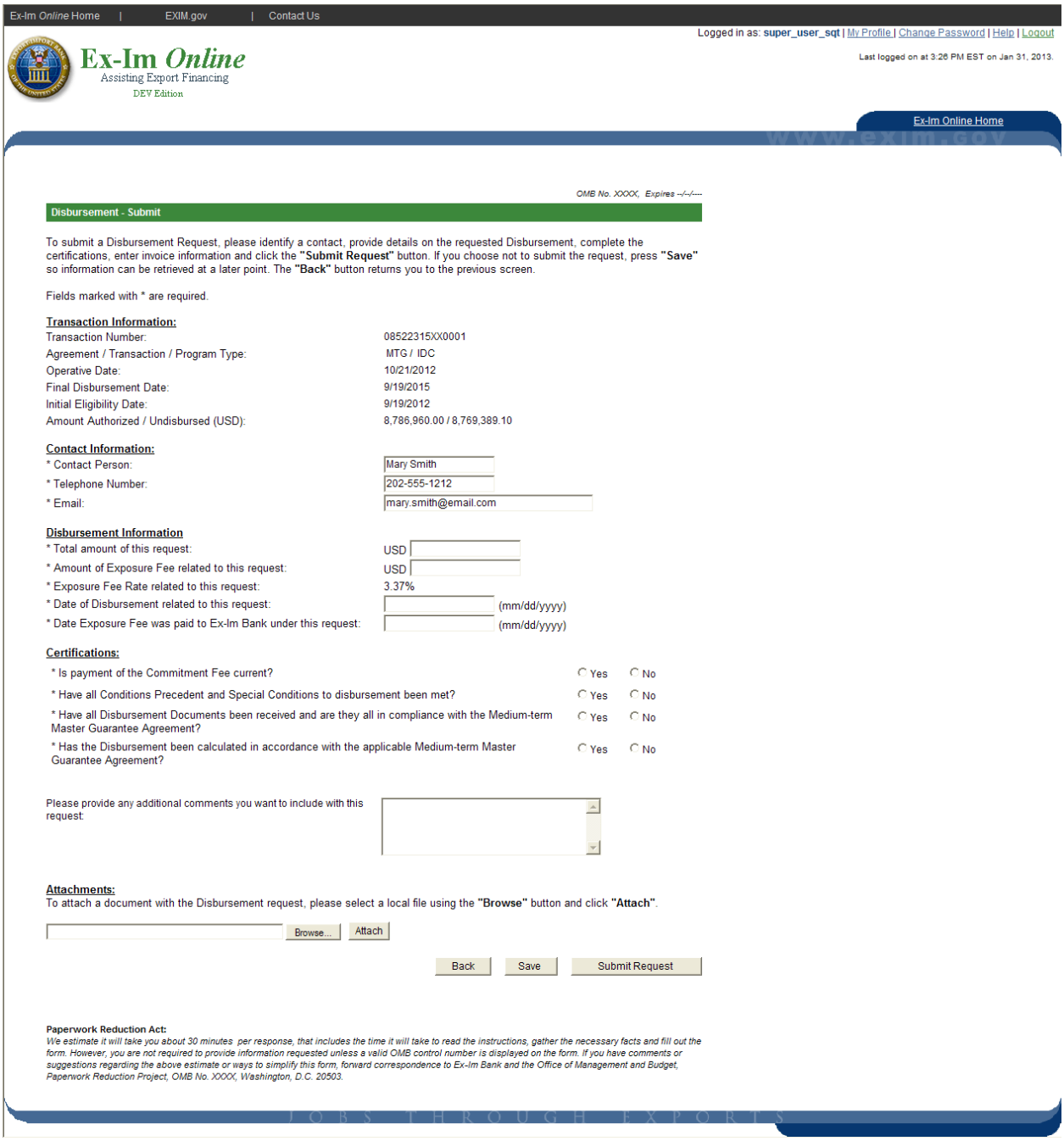
No Invoice added.

Back Save Submit Request

Paperwork Reduction Act:
We estimate it will take you about 30 minutes per response, that 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 Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.

JOBS THROUGH EXPORTS

C. Disbursement Request Form – MT Guarantee (IDC)



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Logged in as: **super_user_sqt** | My Profile | Change Password | Help | Logout

Last logged on at 3:26 PM EST on Jan 31, 2013.

Ex-Im *Online*
Assisting Export Financing
DEV Edition

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OMB No. XXXX, Expires --/--/----

Disbursement - Submit

To submit a Disbursement Request, please identify a contact, provide details on the requested Disbursement, complete the certifications, enter invoice information and click the **"Submit Request"** button. If you choose not to submit the request, press **"Save"** so information can be retrieved at a later point. The **"Back"** button returns you to the previous screen.

Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / IDC
Operative Date:	10/21/2012
Final Disbursement Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Disbursement Information

* Total amount of this request:	USD
* Amount of Exposure Fee related to this request:	USD
* Exposure Fee Rate related to this request:	3.37%
* Date of Disbursement related to this request:	(mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	Yes No
* Have all Conditions Precedent and Special Conditions to disbursement been met?	Yes No
* Have all Disbursement Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	Yes No
* Has the Disbursement been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	Yes No

Please provide any additional comments you want to include with this request:

Attachments:
To attach a document with the Disbursement request, please select a local file using the **"Browse"** button and click **"Attach"**.

Browse... Attach

Back Save Submit Request

Paperwork Reduction Act:
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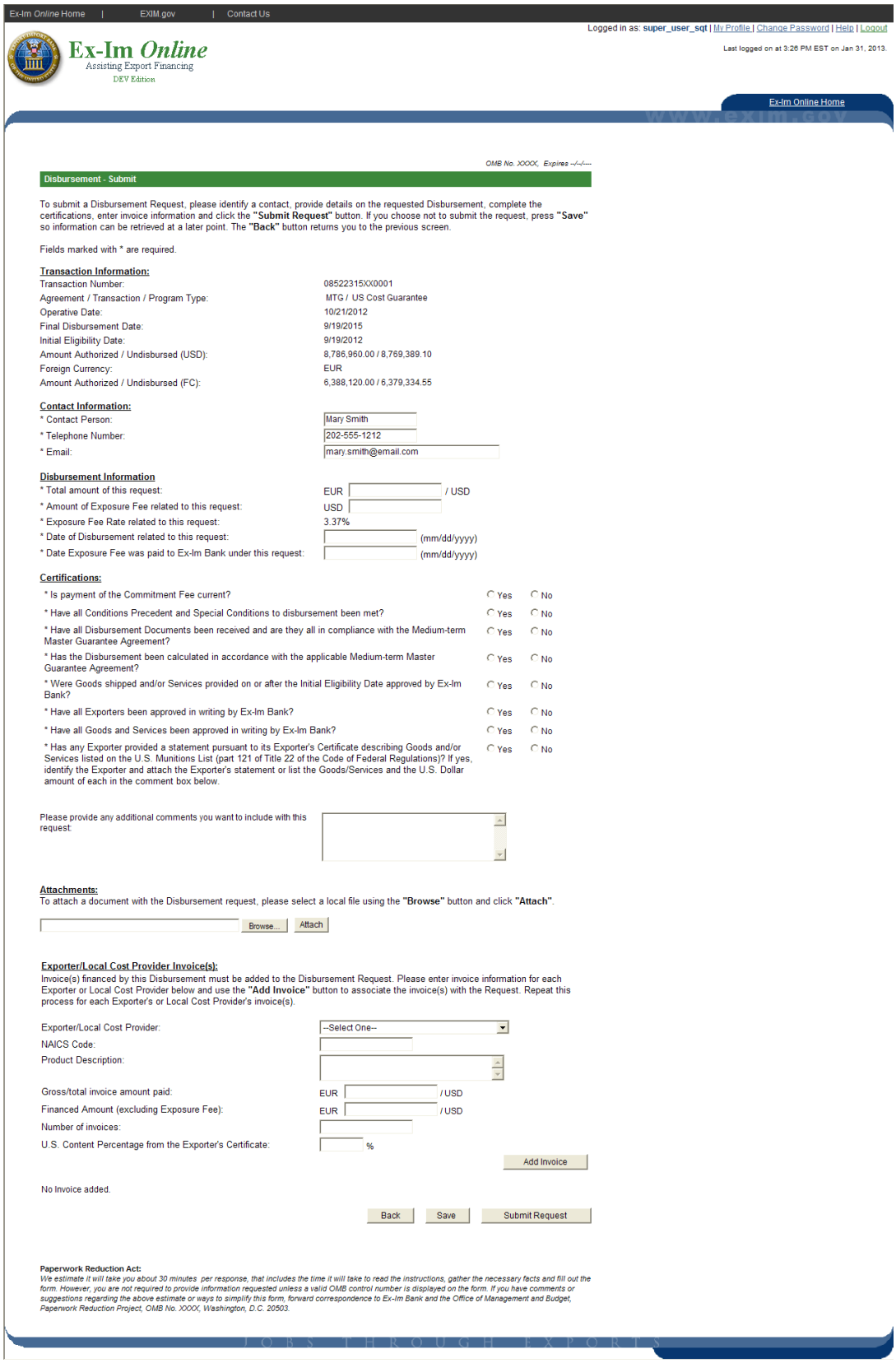
JOBS THROUGH EXPORTS

D. Disbursement Request Form – MT Guarantee (Foreign Currency – Fixed US Cost)



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Disbursement - Submit

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Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / US Cost Guarantee
Operative Date:	10/21/2012
Final Disbursement Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10
Foreign Currency:	EUR
Amount Authorized / Undisbursed (FC):	6,388,120.00 / 6,379,334.55

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Disbursement Information

* Total amount of this request:	EUR [ ] / USD
* Amount of Exposure Fee related to this request:	USD [ ]
* Exposure Fee Rate related to this request:	3.37%
* Date of Disbursement related to this request:	[ ] (mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	[ ] (mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	○ Yes ○ No
* Have all Conditions Precedent and Special Conditions to disbursement been met?	○ Yes ○ No
* Have all Disbursement Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Has the Disbursement been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Were Goods shipped and/or Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	○ Yes ○ No
* Have all Exporters been approved in writing by Ex-Im Bank?	○ Yes ○ No
* Have all Goods and Services been approved in writing by Ex-Im Bank?	○ Yes ○ No
* Has any Exporter provided a statement pursuant to its Exporter's Certificate describing Goods and/or Services listed on the U.S. Munitions List (part 121 of Title 22 of the Code of Federal Regulations)? If yes, identify the Exporter and attach the Exporter's statement or list the Goods/Services and the U.S. Dollar amount of each in the comment box below.	○ Yes ○ No

Please provide any additional comments you want to include with this request:

Attachments:
To attach a document with the Disbursement request, please select a local file using the **"Browse"** button and click **"Attach"**.

[ ] Browse... Attach

Exporter/Local Cost Provider Invoice(s):
Invoice(s) financed by this Disbursement must be added to the Disbursement Request. Please enter invoice information for each Exporter or Local Cost Provider below and use the **"Add Invoice"** button to associate the invoice(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s).

Exporter/Local Cost Provider:	--Select One--
NAICS Code:	
Product Description:	
Gross/total invoice amount paid:	EUR [ ] / USD
Financed Amount (excluding Exposure Fee):	EUR [ ] / USD
Number of invoices:	
U.S. Content Percentage from the Exporter's Certificate:	[ ] %

Add Invoice

No Invoice added.

Back Save Submit Request

Paperwork Reduction Act:
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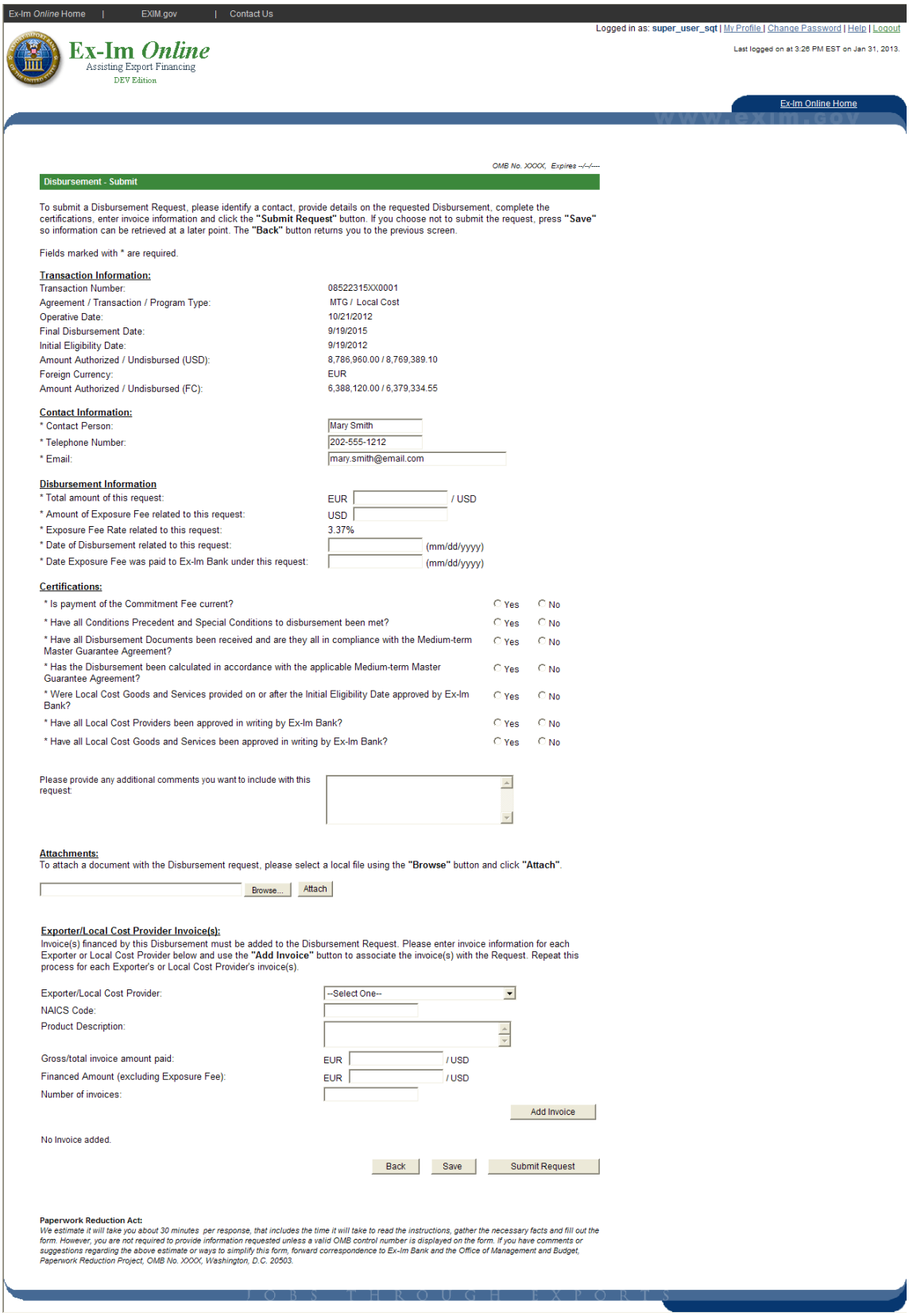
JOBS THROUGH EXPORTS

E. Disbursement Request Form – MT Guarantee (Foreign Currency – Fixed Local Cost)



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Disbursement - Submit

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Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / Local Cost
Operative Date:	10/21/2012
Final Disbursement Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10
Foreign Currency:	EUR
Amount Authorized / Undisbursed (FC):	6,388,120.00 / 6,379,334.55

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Disbursement Information

* Total amount of this request:	EUR [ ] / USD
* Amount of Exposure Fee related to this request:	USD [ ]
* Exposure Fee Rate related to this request:	3.37%
* Date of Disbursement related to this request:	[ ] (mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	[ ] (mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	○ Yes ○ No
* Have all Conditions Precedent and Special Conditions to disbursement been met?	○ Yes ○ No
* Have all Disbursement Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Has the Disbursement been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Were Local Cost Goods and Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	○ Yes ○ No
* Have all Local Cost Providers been approved in writing by Ex-Im Bank?	○ Yes ○ No
* Have all Local Cost Goods and Services been approved in writing by Ex-Im Bank?	○ Yes ○ No

Please provide any additional comments you want to include with this request:

Attachments:
To attach a document with the Disbursement request, please select a local file using the **"Browse"** button and click **"Attach"**.

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Invoice(s) financed by this Disbursement must be added to the Disbursement Request. Please enter invoice information for each Exporter or Local Cost Provider below and use the **"Add Invoice"** button to associate the invoice(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s).

Exporter/Local Cost Provider:	--Select One--
NAICS Code:	
Product Description:	
Gross/total invoice amount paid:	EUR [ ] / USD
Financed Amount (excluding Exposure Fee):	EUR [ ] / USD
Number of invoices:	

Add Invoice

No Invoice added.

Back Save Submit Request

Paperwork Reduction Act:
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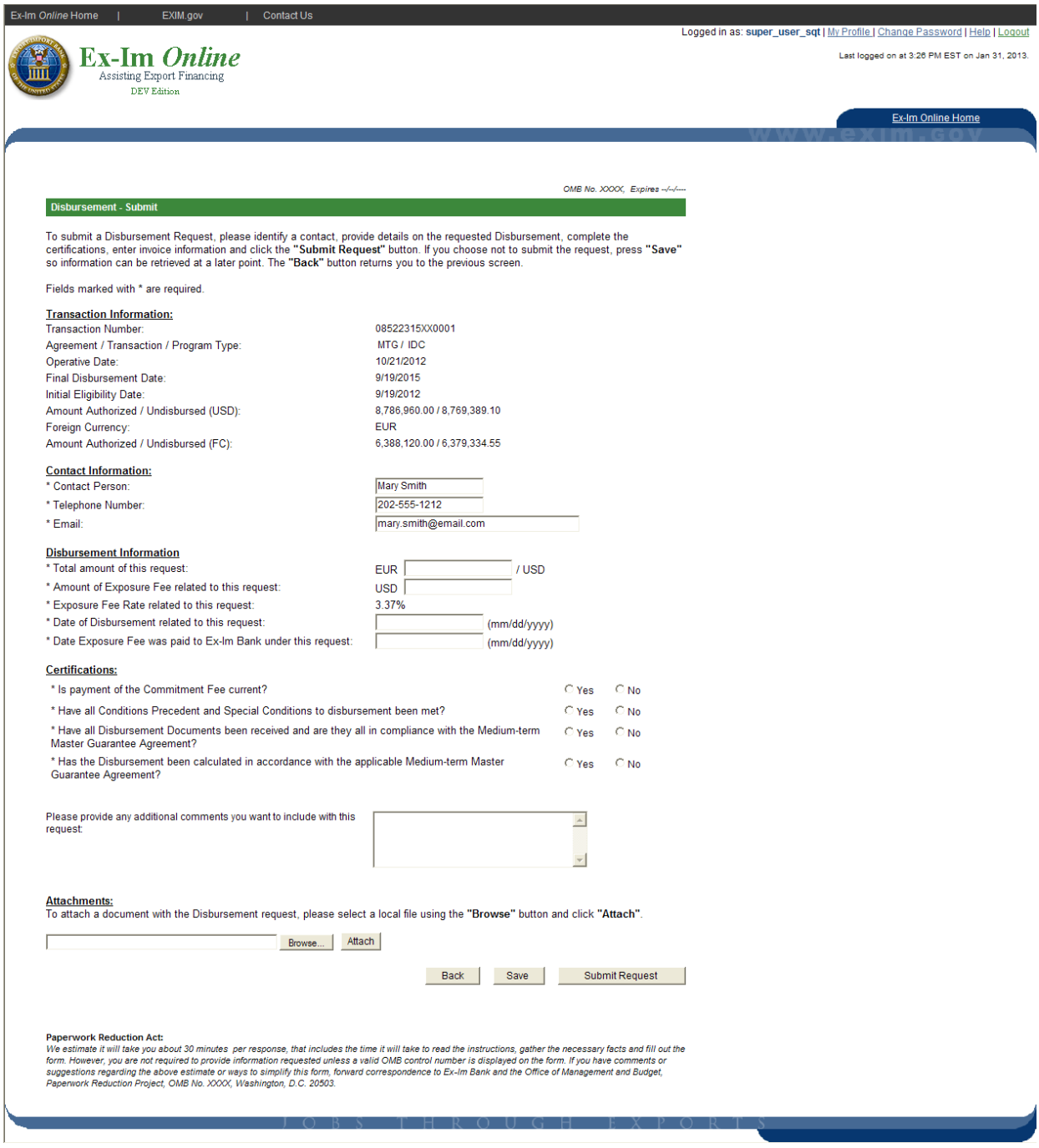
JOBS THROUGH EXPORTS

F. Disbursement Request Form – MT Guarantee (Foreign Currency – Fixed IDC)



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Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / IDC
Operative Date:	10/21/2012
Final Disbursement Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10
Foreign Currency:	EUR
Amount Authorized / Undisbursed (FC):	6,388,120.00 / 6,379,334.55

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Disbursement Information

* Total amount of this request:	EUR [ ] / USD
* Amount of Exposure Fee related to this request:	USD [ ]
* Exposure Fee Rate related to this request:	3.37%
* Date of Disbursement related to this request:	[ ] (mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	[ ] (mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	○ Yes ○ No
* Have all Conditions Precedent and Special Conditions to disbursement been met?	○ Yes ○ No
* Have all Disbursement Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Has the Disbursement been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	○ Yes ○ No

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Attachments:
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Browse... Attach

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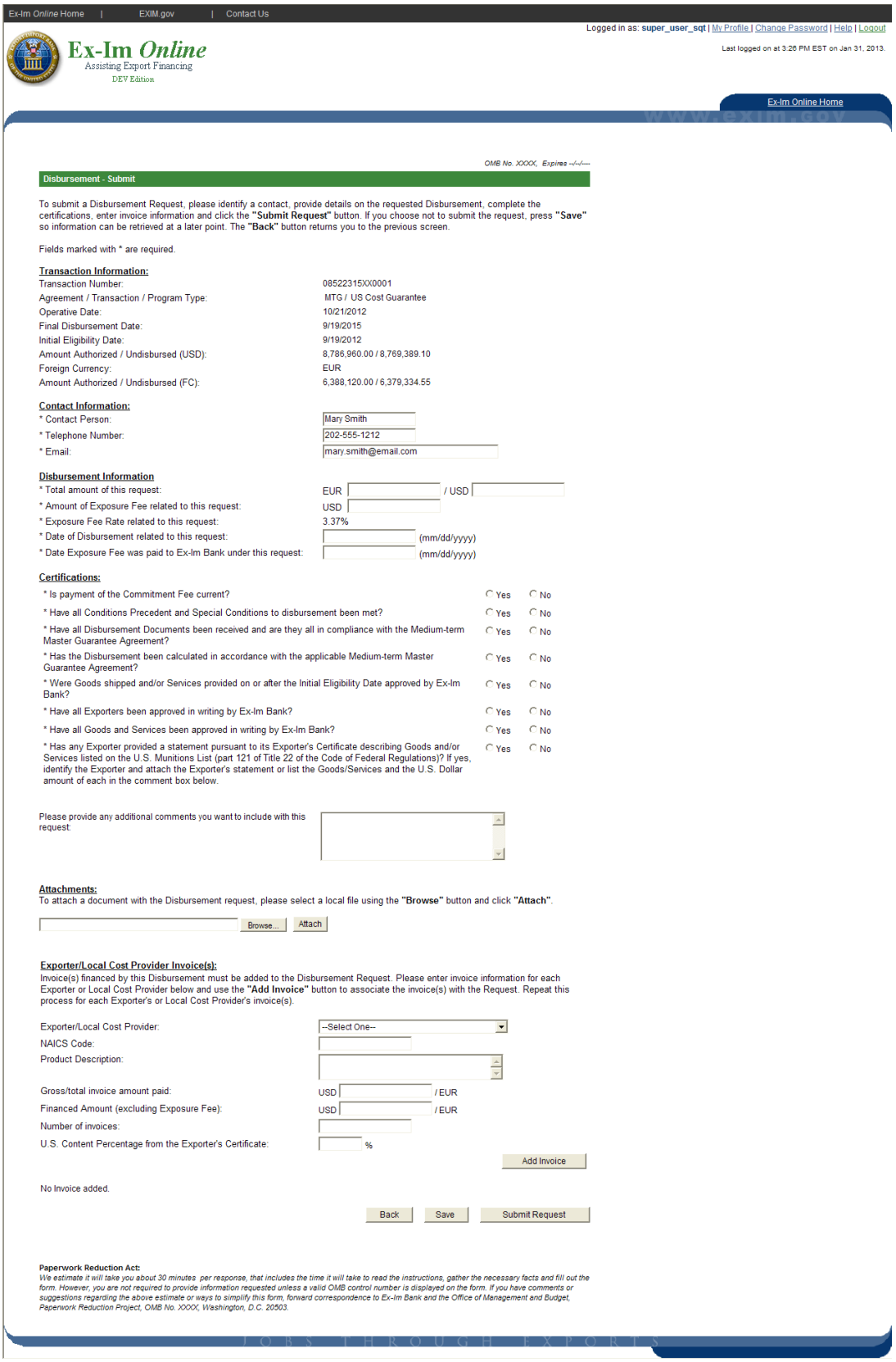
JOBS THROUGH EXPORTS

G. Disbursement Request Form – MT Guarantee (Foreign Currency – Floating US Cost)



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Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / US Cost Guarantee
Operative Date:	10/21/2012
Final Disbursement Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10
Foreign Currency:	EUR
Amount Authorized / Undisbursed (FC):	6,388,120.00 / 6,379,334.55

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Disbursement Information

* Total amount of this request:	EUR [ ] / USD [ ]
* Amount of Exposure Fee related to this request:	USD [ ]
* Exposure Fee Rate related to this request:	3.37%
* Date of Disbursement related to this request:	[ ] (mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	[ ] (mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	○ Yes ○ No
* Have all Conditions Precedent and Special Conditions to disbursement been met?	○ Yes ○ No
* Have all Disbursement Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Has the Disbursement been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Were Goods shipped and/or Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	○ Yes ○ No
* Have all Exporters been approved in writing by Ex-Im Bank?	○ Yes ○ No
* Have all Goods and Services been approved in writing by Ex-Im Bank?	○ Yes ○ No
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Exporter/Local Cost Provider Invoice(s):
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Exporter/Local Cost Provider:	--Select One--
NAICS Code:	
Product Description:	
Gross/total invoice amount paid:	USD [ ] / EUR
Financed Amount (excluding Exposure Fee):	USD [ ] / EUR
Number of invoices:	
U.S. Content Percentage from the Exporter's Certificate:	[ ] %

Add Invoice

No Invoice added.

Back Save Submit Request

Paperwork Reduction Act:
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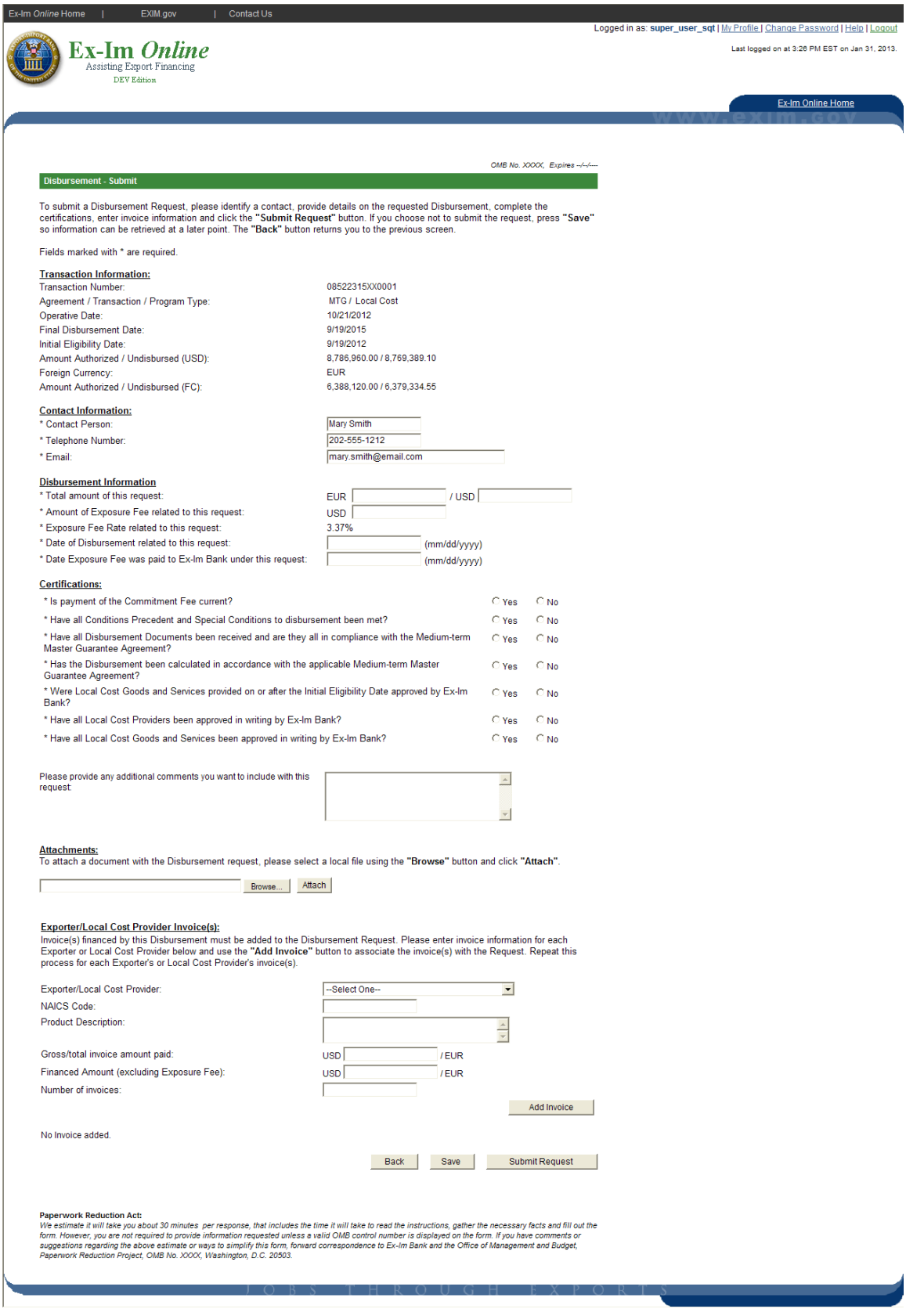
JOBS THROUGH EXPORTS

H. Disbursement Request Form – MT Guarantee (Foreign Currency – Floating Local Cost)



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Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / Local Cost
Operative Date:	10/21/2012
Final Disbursement Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10
Foreign Currency:	EUR
Amount Authorized / Undisbursed (FC):	6,388,120.00 / 6,379,334.55

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Disbursement Information

* Total amount of this request:	EUR [ ] / USD [ ]
* Amount of Exposure Fee related to this request:	USD [ ]
* Exposure Fee Rate related to this request:	3.37%
* Date of Disbursement related to this request:	[ ] (mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	[ ] (mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	○ Yes ○ No
* Have all Conditions Precedent and Special Conditions to disbursement been met?	○ Yes ○ No
* Have all Disbursement Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Has the Disbursement been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Were Local Cost Goods and Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	○ Yes ○ No
* Have all Local Cost Providers been approved in writing by Ex-Im Bank?	○ Yes ○ No
* Have all Local Cost Goods and Services been approved in writing by Ex-Im Bank?	○ Yes ○ No

Please provide any additional comments you want to include with this request:

Attachments:
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[ ] Browse... Attach

Exporter/Local Cost Provider Invoice(s):
Invoice(s) financed by this Disbursement must be added to the Disbursement Request. Please enter invoice information for each Exporter or Local Cost Provider below and use the **"Add Invoice"** button to associate the invoice(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s).

Exporter/Local Cost Provider:	--Select One--
NAICS Code:	
Product Description:	
Gross/total invoice amount paid:	USD [ ] / EUR
Financed Amount (excluding Exposure Fee):	USD [ ] / EUR
Number of invoices:	

Add Invoice

No Invoice added.

Back Save Submit Request

Paperwork Reduction Act:
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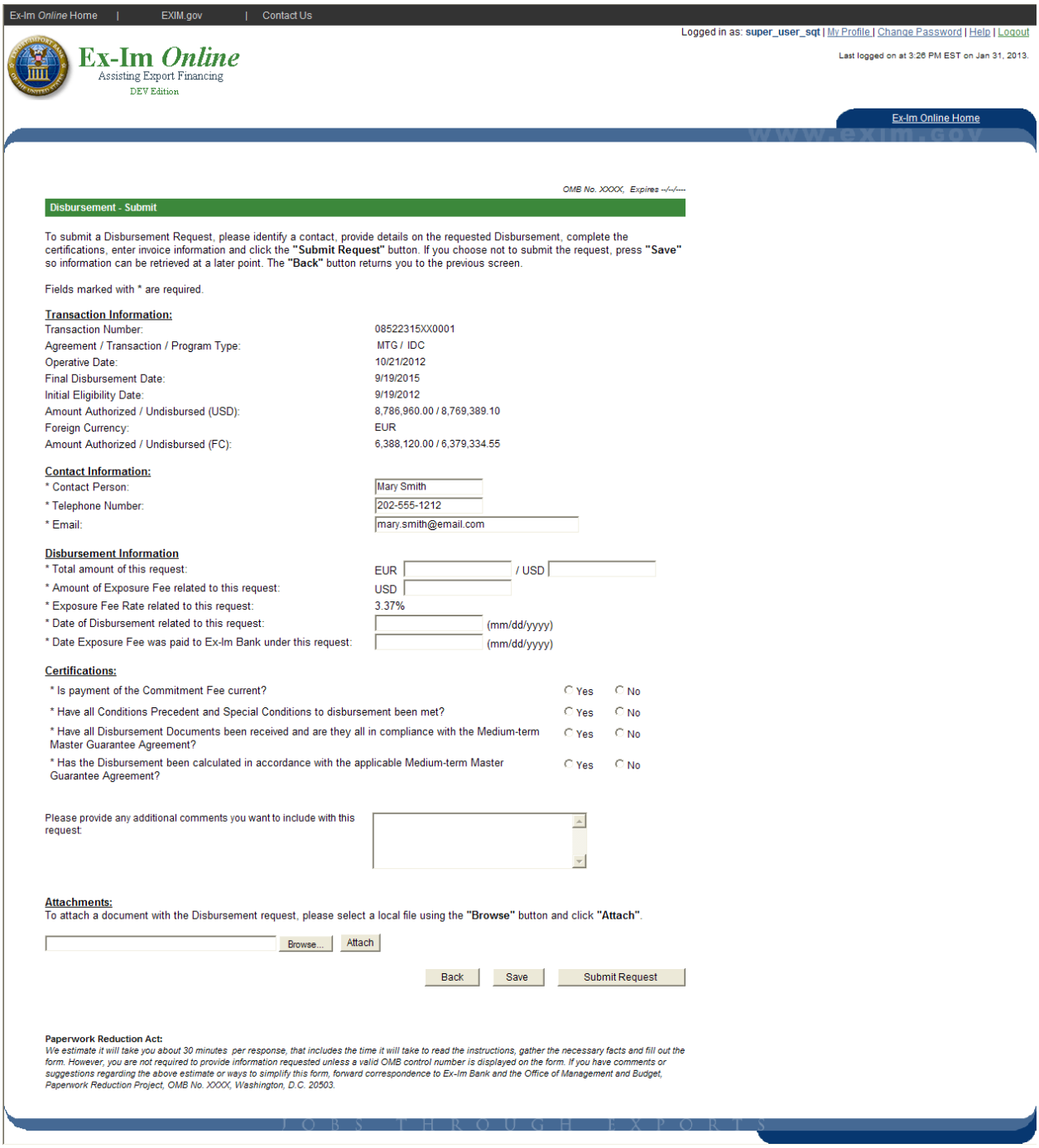
JOBS THROUGH EXPORTS

I. Disbursement Request Form – MT Guarantee (Foreign Currency – Floating IDC)



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Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / IDC
Operative Date:	10/21/2012
Final Disbursement Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10
Foreign Currency:	EUR
Amount Authorized / Undisbursed (FC):	6,388,120.00 / 6,379,334.55

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Disbursement Information

* Total amount of this request:	EUR / USD
* Amount of Exposure Fee related to this request:	USD
* Exposure Fee Rate related to this request:	3.37%
* Date of Disbursement related to this request:	(mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	Yes / No
* Have all Conditions Precedent and Special Conditions to disbursement been met?	Yes / No
* Have all Disbursement Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	Yes / No
* Has the Disbursement been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	Yes / No

Please provide any additional comments you want to include with this request:

Attachments:
To attach a document with the Disbursement request, please select a local file using the **"Browse"** button and click **"Attach"**.

Browse... Attach

Back Save Submit Request

Paperwork Reduction Act:
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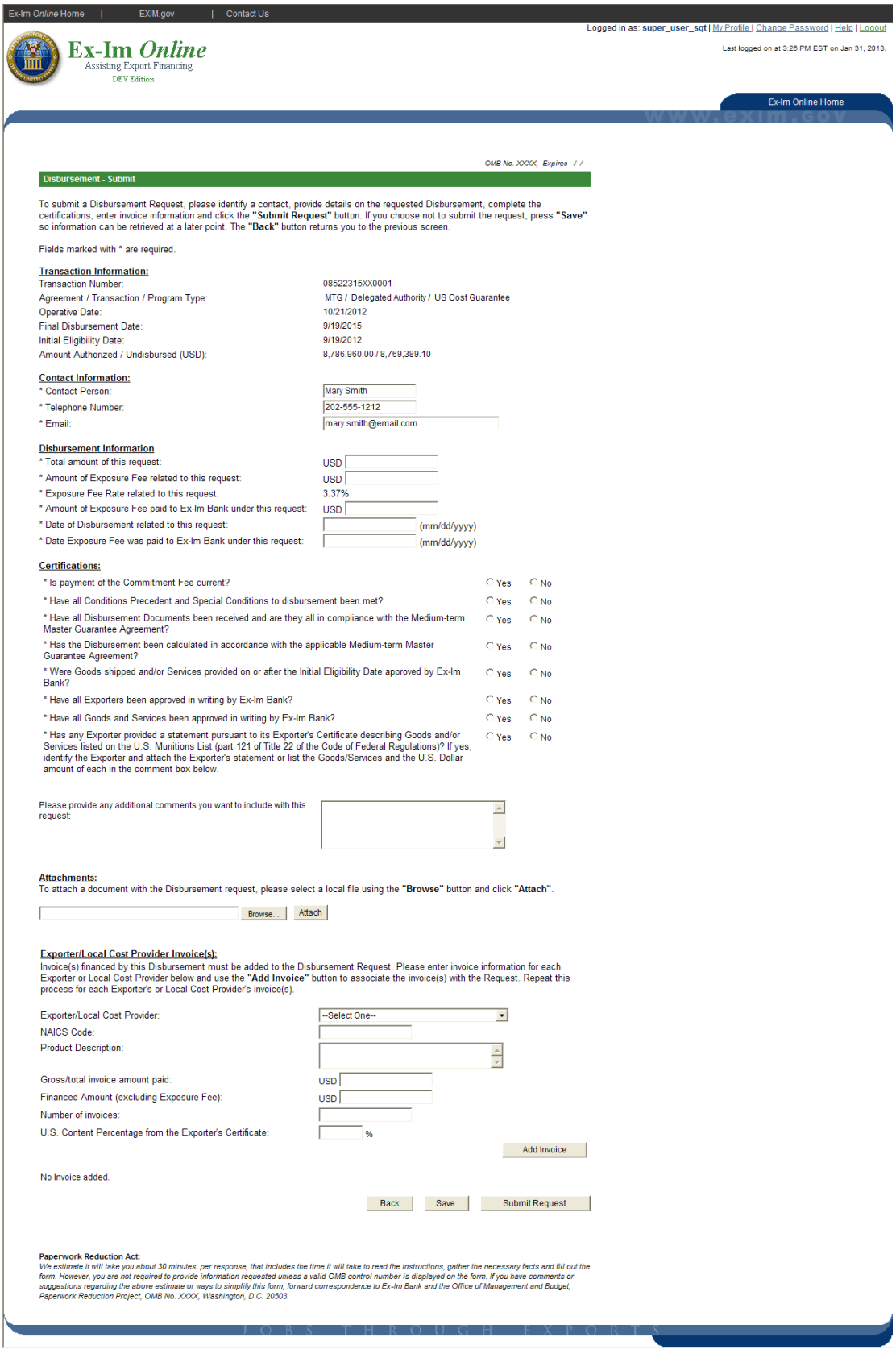
JOBS THROUGH EXPORTS

J. Disbursement Request Form – MT Guarantee (Delegated Authority US Cost)



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Disbursement - Submit

To submit a Disbursement Request, please identify a contact, provide details on the requested Disbursement, complete the certifications, enter invoice information and click the **"Submit Request"** button. If you choose not to submit the request, press **"Save"** so information can be retrieved at a later point. The **"Back"** button returns you to the previous screen.

Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / Delegated Authority / US Cost Guarantee
Operative Date:	10/21/2012
Final Disbursement Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Disbursement Information

* Total amount of this request:	USD
* Amount of Exposure Fee related to this request:	USD
* Exposure Fee Rate related to this request:	3.37%
* Amount of Exposure Fee paid to Ex-Im Bank under this request:	USD
* Date of Disbursement related to this request:	(mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	Yes / No
* Have all Conditions Precedent and Special Conditions to disbursement been met?	Yes / No
* Have all Disbursement Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	Yes / No
* Has the Disbursement been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	Yes / No
* Were Goods shipped and/or Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	Yes / No
* Have all Exporters been approved in writing by Ex-Im Bank?	Yes / No
* Have all Goods and Services been approved in writing by Ex-Im Bank?	Yes / No
* Has any Exporter provided a statement pursuant to its Exporter's Certificate describing Goods and/or Services listed on the U.S. Munitions List (part 121 of Title 22 of the Code of Federal Regulations)? If yes, identify the Exporter and attach the Exporter's statement or list the Goods/Services and the U.S. Dollar amount of each in the comment box below.	Yes / No

Please provide any additional comments you want to include with this request:

Attachments:
To attach a document with the Disbursement request, please select a local file using the **"Browse"** button and click **"Attach"**.

Browse... Attach

Exporter/Local Cost Provider Invoice(s):
Invoice(s) financed by this Disbursement must be added to the Disbursement Request. Please enter invoice information for each Exporter or Local Cost Provider below and use the **"Add Invoice"** button to associate the invoice(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s).

Exporter/Local Cost Provider:	--Select One--
NAICS Code:	
Product Description:	
Gross/total invoice amount paid:	USD
Financed Amount (excluding Exposure Fee):	USD
Number of invoices:	
U.S. Content Percentage from the Exporter's Certificate:	%

Add Invoice

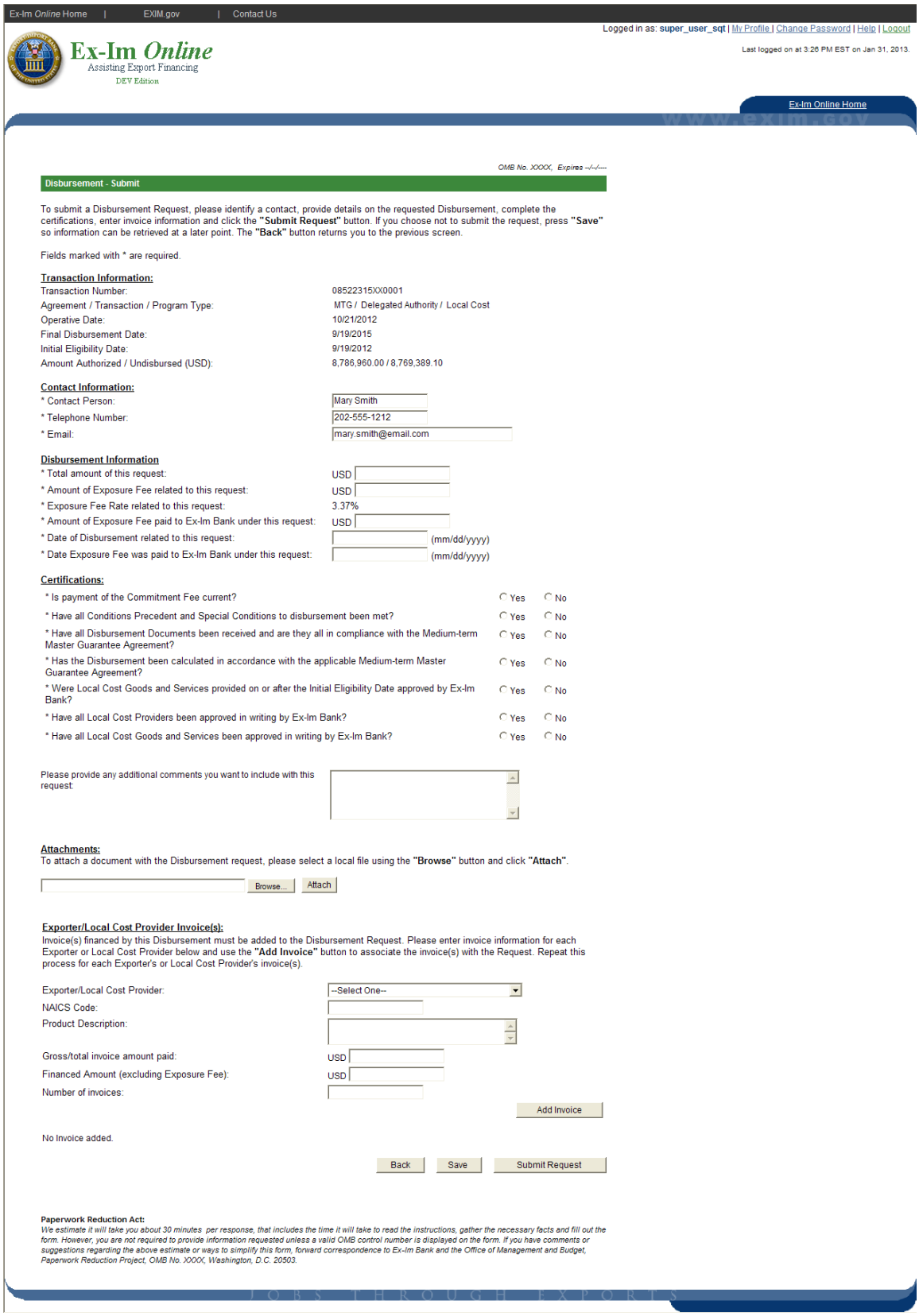
No Invoice added.

Back Save Submit Request

Paperwork Reduction Act:
We estimate it will take you about 30 minutes per response, that 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 Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.

JOBS THROUGH EXPORTS

K. Disbursement Request Form – MT Guarantee (Delegated Authority Local Cost)



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Disbursement - Submit

To submit a Disbursement Request, please identify a contact, provide details on the requested Disbursement, complete the certifications, enter invoice information and click the **"Submit Request"** button. If you choose not to submit the request, press **"Save"** so information can be retrieved at a later point. The **"Back"** button returns you to the previous screen.

Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / Delegated Authority / Local Cost
Operative Date:	10/21/2012
Final Disbursement Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Disbursement Information

* Total amount of this request:	USD
* Amount of Exposure Fee related to this request:	USD
* Exposure Fee Rate related to this request:	3.37%
* Amount of Exposure Fee paid to Ex-Im Bank under this request:	USD
* Date of Disbursement related to this request:	(mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	Yes / No
* Have all Conditions Precedent and Special Conditions to disbursement been met?	Yes / No
* Have all Disbursement Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	Yes / No
* Has the Disbursement been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	Yes / No
* Were Local Cost Goods and Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	Yes / No
* Have all Local Cost Providers been approved in writing by Ex-Im Bank?	Yes / No
* Have all Local Cost Goods and Services been approved in writing by Ex-Im Bank?	Yes / No

Please provide any additional comments you want to include with this request:

Attachments:
To attach a document with the Disbursement request, please select a local file using the **"Browse"** button and click **"Attach"**.

Browse... Attach

Exporter/Local Cost Provider Invoice(s):
Invoice(s) financed by this Disbursement must be added to the Disbursement Request. Please enter invoice information for each Exporter or Local Cost Provider below and use the **"Add Invoice"** button to associate the invoice(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s).

Exporter/Local Cost Provider:	--Select One--
NAICS Code:	
Product Description:	
Gross/total invoice amount paid:	USD
Financed Amount (excluding Exposure Fee):	USD
Number of invoices:	

Add Invoice

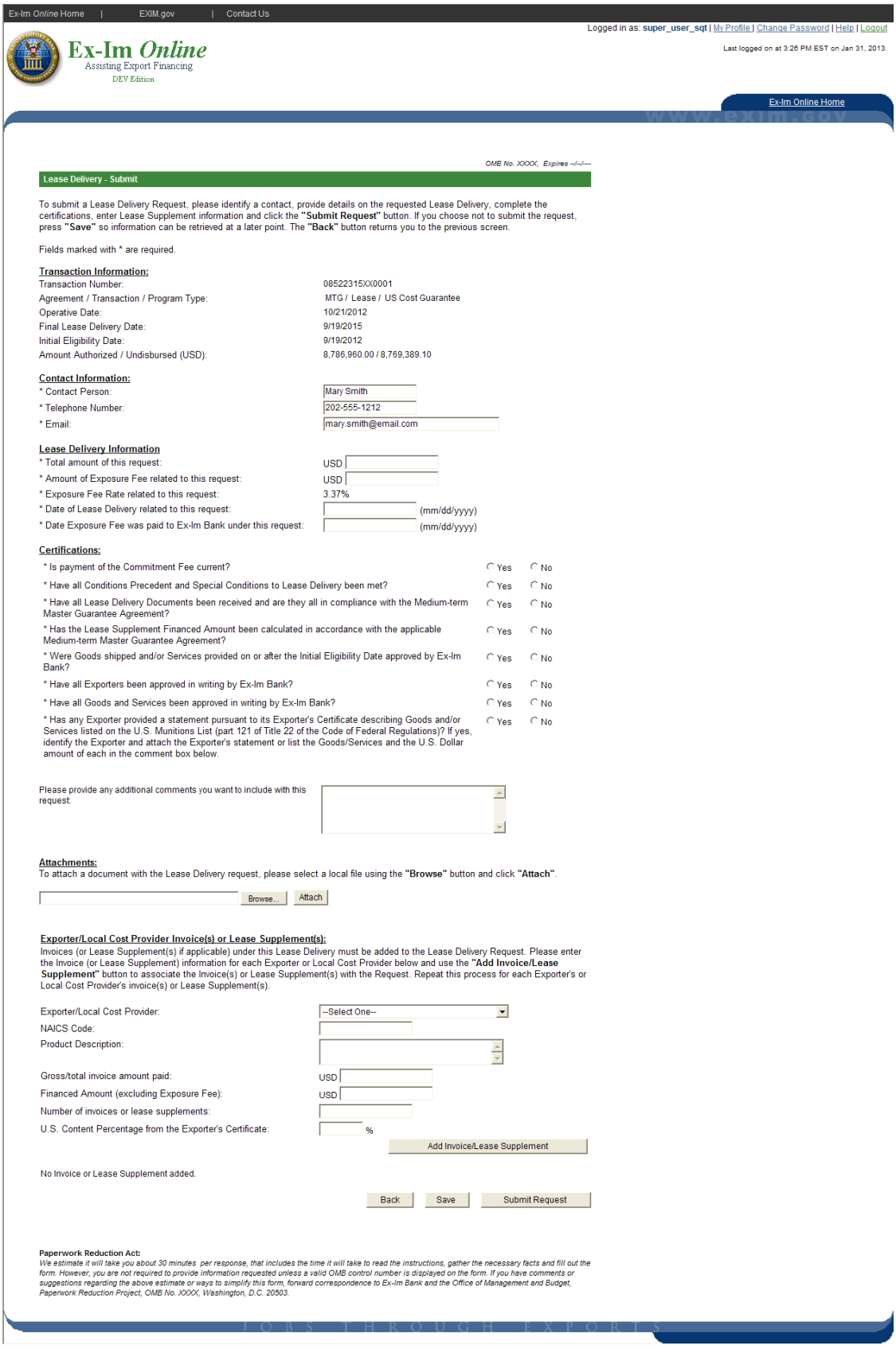
No Invoice added.

Back Save Submit Request

Paperwork Reduction Act:
We estimate it will take you about 30 minutes, per response, that 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 Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.

JOBS THROUGH EXPORTS

L. Disbursement Request Form – MT Guarantee (Lease Delivery US Cost)



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Lease Delivery - Submit

To submit a Lease Delivery Request, please identify a contact, provide details on the requested Lease Delivery, complete the certifications, enter Lease Supplement information and click the **"Submit Request"** button. If you choose not to submit the request, press **"Save"** so information can be retrieved at a later point. The **"Back"** button returns you to the previous screen.

Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / Lease / US Cost Guarantee
Operative Date:	10/21/2012
Final Lease Delivery Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Lease Delivery Information

* Total amount of this request:	USD
* Amount of Exposure Fee related to this request:	USD
* Exposure Fee Rate related to this request:	3.37%
* Date of Lease Delivery related to this request:	(mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	Yes / No
* Have all Conditions Precedent and Special Conditions to Lease Delivery been met?	Yes / No
* Have all Lease Delivery Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	Yes / No
* Has the Lease Supplement Financed Amount been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	Yes / No
* Were Goods shipped and/or Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	Yes / No
* Have all Exporters been approved in writing by Ex-Im Bank?	Yes / No
* Have all Goods and Services been approved in writing by Ex-Im Bank?	Yes / No
* Has any Exporter provided a statement pursuant to its Exporter's Certificate describing Goods and/or Services listed on the U.S. Munitions List (part 121 of Title 22 of the Code of Federal Regulations)? If yes, identify the Exporter and attach the Exporter's statement or list the Goods/Services and the U.S. Dollar amount of each in the comment box below.	Yes / No

Please provide any additional comments you want to include with this request:

Attachments:

To attach a document with the Lease Delivery request, please select a local file using the **"Browse"** button and click **"Attach"**.

Browse... Attach

Exporter/Local Cost Provider Invoice(s) or Lease Supplement(s):

Invoices (or Lease Supplement(s) if applicable) under this Lease Delivery must be added to the Lease Delivery Request. Please enter the Invoice (or Lease Supplement) information for each Exporter or Local Cost Provider below and use the **"Add Invoice/Lease Supplement"** button to associate the Invoice(s) or Lease Supplement(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s) or Lease Supplement(s).

Exporter/Local Cost Provider:	--Select One--
NAICS Code:	
Product Description:	
Gross/total invoice amount paid:	USD
Financed Amount (excluding Exposure Fee):	USD
Number of invoices or lease supplements:	
U.S. Content Percentage from the Exporter's Certificate:	%

Add Invoice/Lease Supplement

No Invoice or Lease Supplement added.

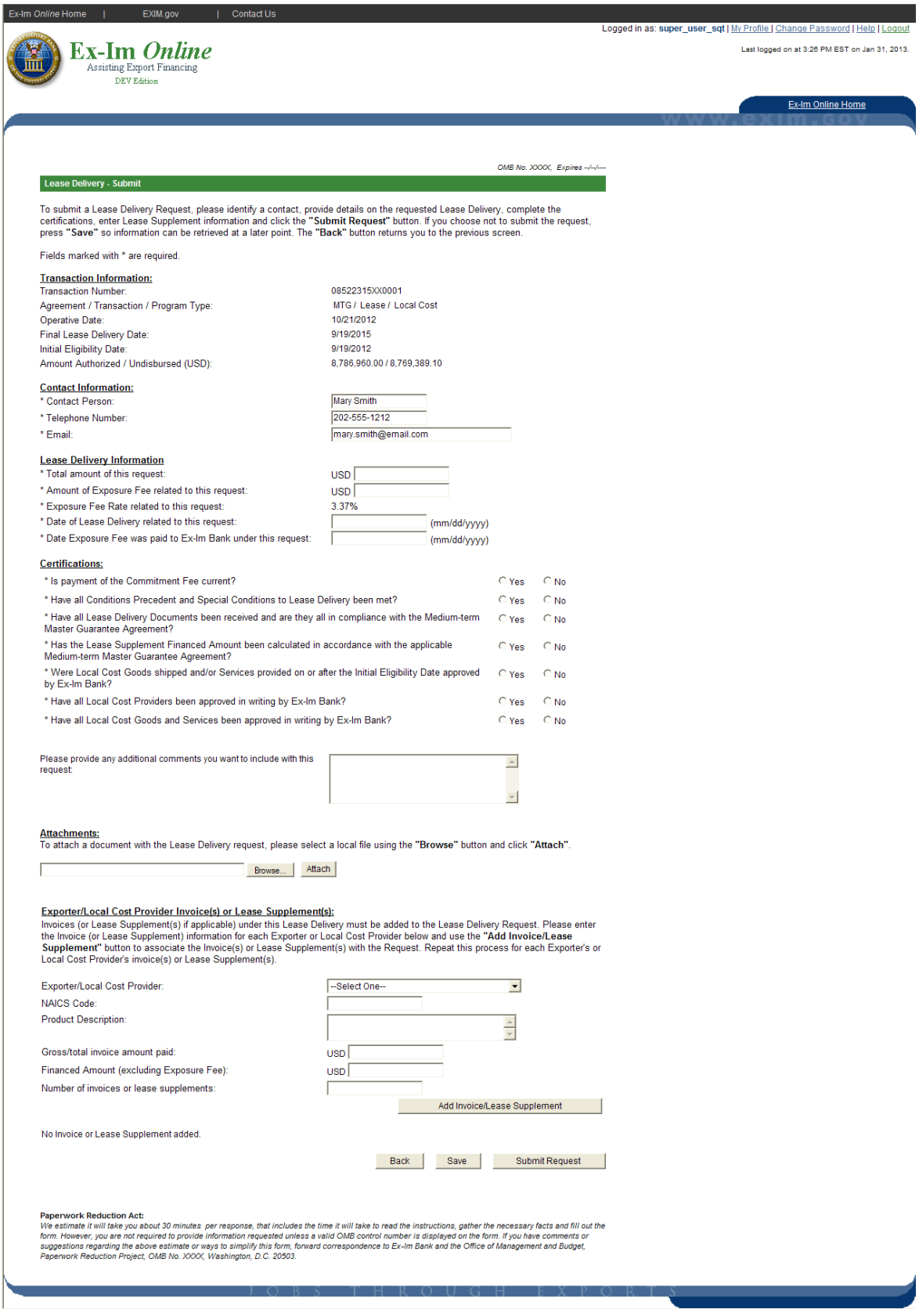
Back Save Submit Request

Paperwork Reduction Act:

We estimate it will take you about 30 minutes per response, that 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 Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.

JOBS THROUGH EXPORTS

M. Disbursement Request Form – MT Guarantee (Lease Delivery Local Cost)



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Lease Delivery - Submit

To submit a Lease Delivery Request, please identify a contact, provide details on the requested Lease Delivery, complete the certifications, enter Lease Supplement information and click the **"Submit Request"** button. If you choose not to submit the request, press **"Save"** so information can be retrieved at a later point. The **"Back"** button returns you to the previous screen.

Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / Lease / Local Cost
Operative Date:	10/21/2012
Final Lease Delivery Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Lease Delivery Information

* Total amount of this request:	USD
* Amount of Exposure Fee related to this request:	USD
* Exposure Fee Rate related to this request:	3.37%
* Date of Lease Delivery related to this request:	(mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	○ Yes ○ No
* Have all Conditions Precedent and Special Conditions to Lease Delivery been met?	○ Yes ○ No
* Have all Lease Delivery Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Has the Lease Supplement Financed Amount been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Were Local Cost Goods shipped and/or Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	○ Yes ○ No
* Have all Local Cost Providers been approved in writing by Ex-Im Bank?	○ Yes ○ No
* Have all Local Cost Goods and Services been approved in writing by Ex-Im Bank?	○ Yes ○ No

Please provide any additional comments you want to include with this request:

Attachments:
To attach a document with the Lease Delivery request, please select a local file using the **"Browse"** button and click **"Attach"**.

Browse... Attach

Exporter/Local Cost Provider Invoice(s) or Lease Supplement(s):
Invoices (or Lease Supplement(s) if applicable) under this Lease Delivery must be added to the Lease Delivery Request. Please enter the Invoice (or Lease Supplement) information for each Exporter or Local Cost Provider below and use the **"Add Invoice/Lease Supplement"** button to associate the Invoice(s) or Lease Supplement(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s) or Lease Supplement(s).

Exporter/Local Cost Provider:	--Select One--
NAICS Code:	
Product Description:	
Gross/total invoice amount paid:	USD
Financed Amount (excluding Exposure Fee):	USD
Number of invoices or lease supplements:	

Add Invoice/Lease Supplement

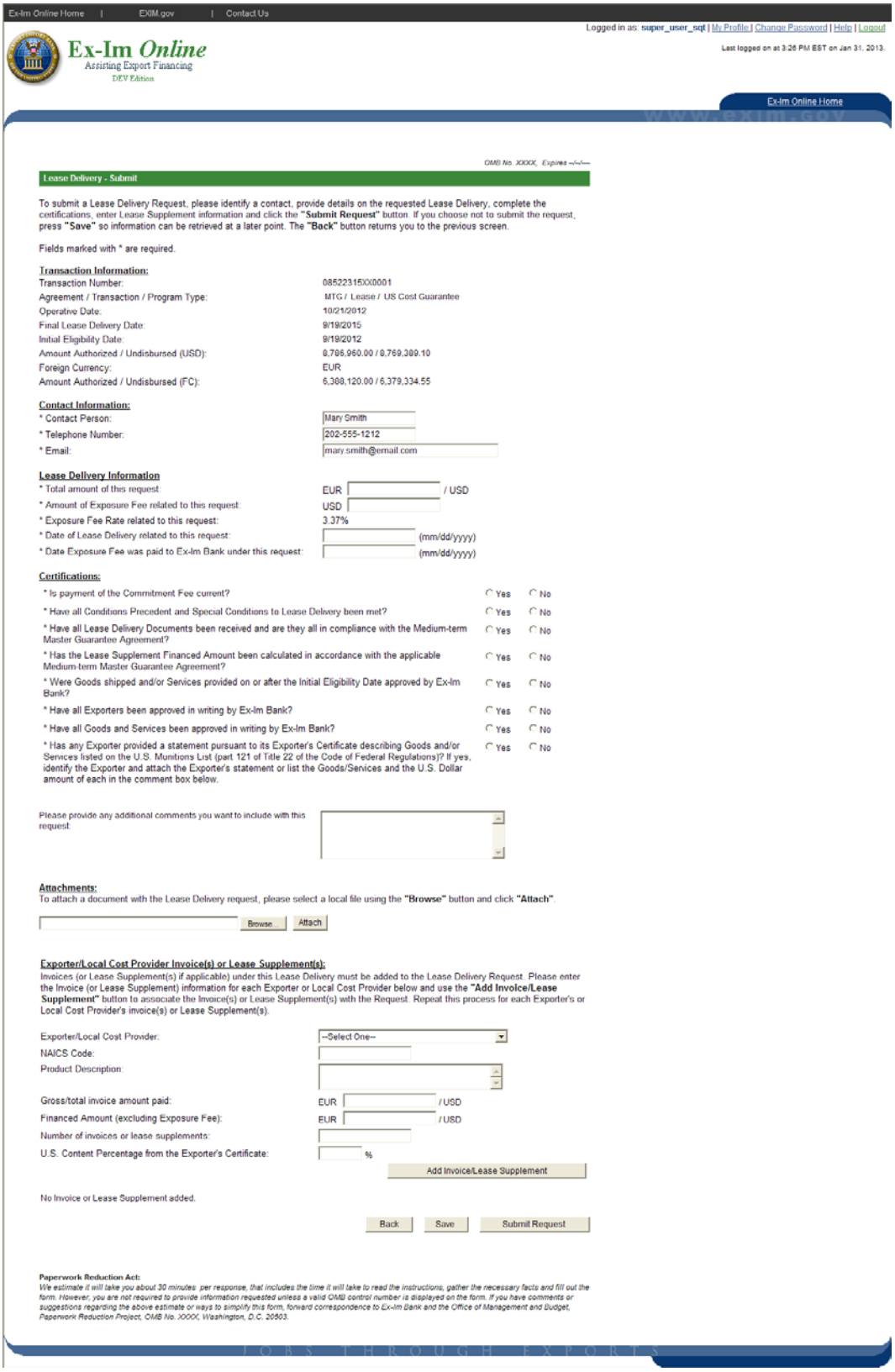
No Invoice or Lease Supplement added.

Back Save Submit Request

Paperwork Reduction Act:
We estimate it will take you about 30 minutes per response, that 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 Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.

JOBS THROUGH EXPORTS

N. Disbursement Request Form – MT Guarantee (Lease Delivery Foreign Currency – Fixed US Cost)



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Lease Delivery - Submit

To submit a Lease Delivery Request, please identify a contact, provide details on the requested Lease Delivery, complete the certifications, enter Lease Supplement information and click the **"Submit Request"** button. If you choose not to submit the request, press **"Save"** so information can be retrieved at a later point. The **"Back"** button returns you to the previous screen.

Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / Lease / US Cost Guarantee
Operative Date:	10/21/2012
Final Lease Delivery Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,766,960.00 / 8,769,389.10
Foreign Currency:	EUR
Amount Authorized / Undisbursed (FC):	6,388,120.00 / 6,379,334.55

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Lease Delivery Information

* Total amount of this request:	EUR [ ] / USD
* Amount of Exposure Fee related to this request:	USD [ ]
* Exposure Fee Rate related to this request:	3.37%
* Date of Lease Delivery related to this request:	[ ] (mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	[ ] (mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	○ Yes ○ No
* Have all Conditions Precedent and Special Conditions to Lease Delivery been met?	○ Yes ○ No
* Have all Lease Delivery Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Has the Lease Supplement Financed Amount been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Were Goods shipped and/or Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	○ Yes ○ No
* Have all Exporters been approved in writing by Ex-Im Bank?	○ Yes ○ No
* Have all Goods and Services been approved in writing by Ex-Im Bank?	○ Yes ○ No
* Has any Exporter provided a statement pursuant to its Exporter's Certificate describing Goods and/or Services listed on the U.S. Munitions List (part 121 of Title 22 of the Code of Federal Regulations)? If yes, identify the Exporter and attach the Exporter's statement or list the Goods/Services and the U.S. Dollar amount of each in the comment box below.	○ Yes ○ No

Please provide any additional comments you want to include with this request:

Attachments:

To attach a document with the Lease Delivery request, please select a local file using the **"Browse"** button and click **"Attach"**.

[ ] Browse... Attach

Exporter/Local Cost Provider Invoice(s) or Lease Supplement(s):

Invoices (or Lease Supplement(s) if applicable) under this Lease Delivery must be added to the Lease Delivery Request. Please enter the Invoice (or Lease Supplement) information for each Exporter or Local Cost Provider below and use the **"Add Invoice/Lease Supplement"** button to associate the Invoice(s) or Lease Supplement(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s) or Lease Supplement(s).

Exporter/Local Cost Provider:	--Select One--
NAICS Code:	
Product Description:	
Gross/total invoice amount paid:	EUR [ ] / USD
Financed Amount (excluding Exposure Fee):	EUR [ ] / USD
Number of invoices or lease supplements:	
U.S. Content Percentage from the Exporter's Certificate:	[ ] %

Add Invoice/Lease Supplement

No Invoice or Lease Supplement added.

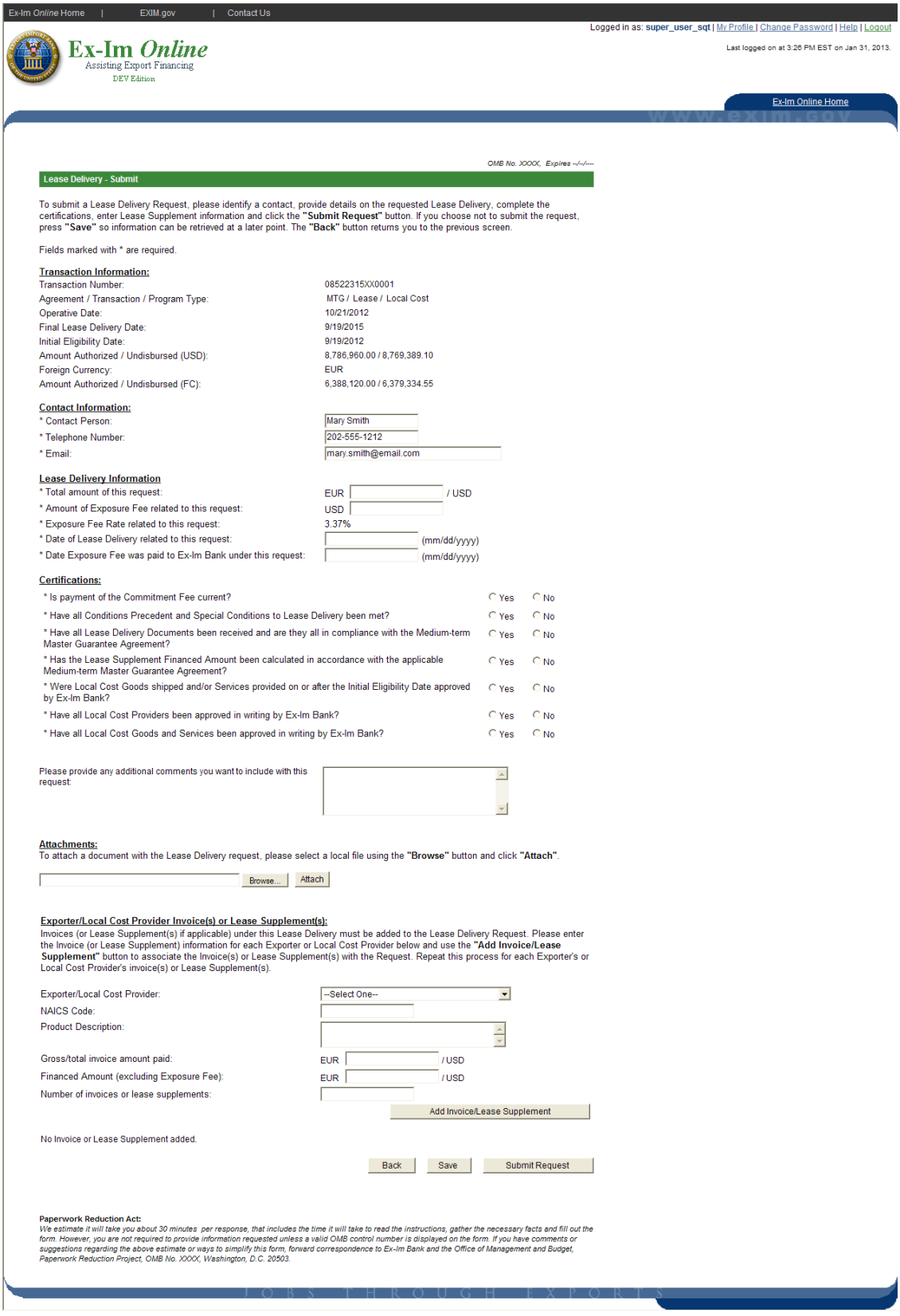
Back Save Submit Request

Paperwork Reduction Act:

We estimate it will take you about 30 minutes per response, that 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 Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.

FORS THROUGH EXPORTS

O. Disbursement Request Form – MT Guarantee (Lease Delivery Foreign Currency – Fixed Local Cost)



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Lease Delivery - Submit

To submit a Lease Delivery Request, please identify a contact, provide details on the requested Lease Delivery, complete the certifications, enter Lease Supplement information and click the **"Submit Request"** button. If you choose not to submit the request, press **"Save"** so information can be retrieved at a later point. The **"Back"** button returns you to the previous screen.

Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / Lease / Local Cost
Operative Date:	10/21/2012
Final Lease Delivery Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10
Foreign Currency:	EUR
Amount Authorized / Undisbursed (FC):	6,388,120.00 / 6,379,334.55

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Lease Delivery Information

* Total amount of this request:	EUR [ ] / USD
* Amount of Exposure Fee related to this request:	USD [ ]
* Exposure Fee Rate related to this request:	3.37%
* Date of Lease Delivery related to this request:	[ ] (mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	[ ] (mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	○ Yes ○ No
* Have all Conditions Precedent and Special Conditions to Lease Delivery been met?	○ Yes ○ No
* Have all Lease Delivery Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Has the Lease Supplement Financed Amount been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Were Local Cost Goods shipped and/or Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	○ Yes ○ No
* Have all Local Cost Providers been approved in writing by Ex-Im Bank?	○ Yes ○ No
* Have all Local Cost Goods and Services been approved in writing by Ex-Im Bank?	○ Yes ○ No

Please provide any additional comments you want to include with this request:

Attachments:
To attach a document with the Lease Delivery request, please select a local file using the **"Browse"** button and click **"Attach"**.

Browse... Attach

Exporter/Local Cost Provider Invoice(s) or Lease Supplement(s):
Invoices (or Lease Supplement(s) if applicable) under this Lease Delivery must be added to the Lease Delivery Request. Please enter the Invoice (or Lease Supplement) information for each Exporter or Local Cost Provider below and use the **"Add Invoice/Lease Supplement"** button to associate the Invoice(s) or Lease Supplement(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s) or Lease Supplement(s).

Exporter/Local Cost Provider:	--Select One--
NAICS Code:	
Product Description:	
Gross/total invoice amount paid:	EUR [ ] / USD
Financed Amount (excluding Exposure Fee):	EUR [ ] / USD
Number of invoices or lease supplements:	

Add Invoice/Lease Supplement

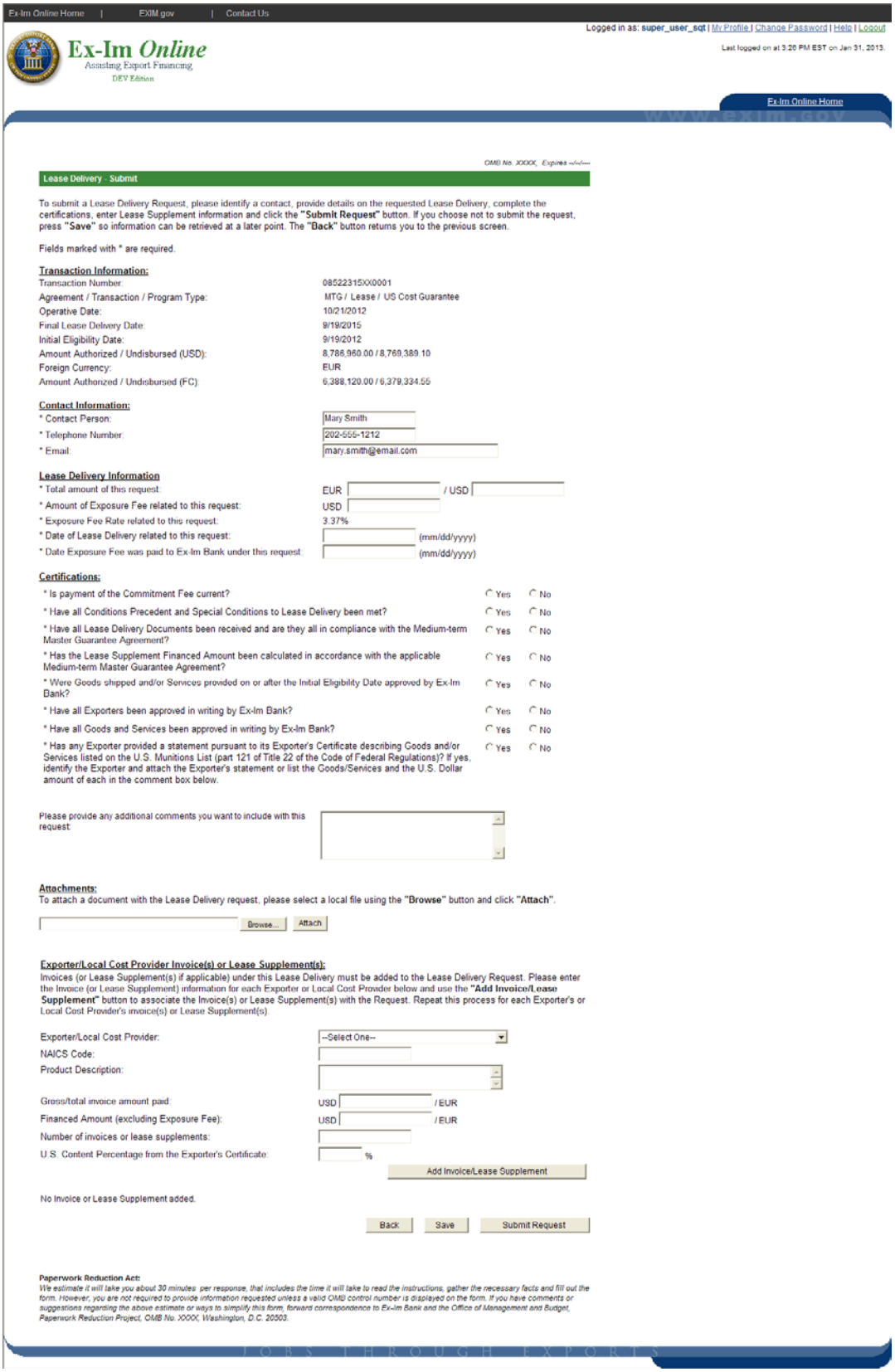
No Invoice or Lease Supplement added.

Back Save Submit Request

Paperwork Reduction Act:
We estimate it will take you about 30 minutes per response, that 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 Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.

JOBS THROUGH EXPORTS

P. Disbursement Request Form – MT Guarantee (Lease Delivery Foreign Currency – Floating US Cost)



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Lease Delivery - Submit

To submit a Lease Delivery Request, please identify a contact, provide details on the requested Lease Delivery, complete the certifications, enter Lease Supplement information and click the **"Submit Request"** button. If you choose not to submit the request, press **"Save"** so information can be retrieved at a later point. The **"Back"** button returns you to the previous screen.

Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / Lease / US Cost Guarantee
Operative Date:	10/21/2012
Final Lease Delivery Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10
Foreign Currency:	EUR
Amount Authorized / Undisbursed (FC):	6,388,120.00 / 6,379,334.55

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Lease Delivery Information

* Total amount of this request:	EUR [ ] / USD [ ]
* Amount of Exposure Fee related to this request:	USD [ ]
* Exposure Fee Rate related to this request:	3.37%
* Date of Lease Delivery related to this request:	[ ] (mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	[ ] (mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	○ Yes ○ No
* Have all Conditions Precedent and Special Conditions to Lease Delivery been met?	○ Yes ○ No
* Have all Lease Delivery Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Has the Lease Supplement Financed Amount been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	○ Yes ○ No
* Were Goods shipped and/or Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	○ Yes ○ No
* Have all Exporters been approved in writing by Ex-Im Bank?	○ Yes ○ No
* Have all Goods and Services been approved in writing by Ex-Im Bank?	○ Yes ○ No
* Has any Exporter provided a statement pursuant to its Exporter's Certificate describing Goods and/or Services listed on the U.S. Munitions List (part 121 of Title 22 of the Code of Federal Regulations)? If yes, identify the Exporter and attach the Exporter's statement or list the Goods/Services and the U.S. Dollar amount of each in the comment box below.	○ Yes ○ No

Please provide any additional comments you want to include with this request:

Attachments:

To attach a document with the Lease Delivery request, please select a local file using the **"Browse"** button and click **"Attach"**.

[ ] Browse... Attach

Exporter/Local Cost Provider Invoice(s) or Lease Supplement(s):

Invoices (or Lease Supplement(s) if applicable) under this Lease Delivery must be added to the Lease Delivery Request. Please enter the Invoice (or Lease Supplement) information for each Exporter or Local Cost Provider below and use the **"Add Invoice/Lease Supplement"** button to associate the Invoice(s) or Lease Supplement(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s) or Lease Supplement(s).

Exporter/Local Cost Provider:	--Select One--
NAICS Code:	
Product Description:	
Gross/total invoice amount paid:	USD [ ] / EUR
Financed Amount (excluding Exposure Fee):	USD [ ] / EUR
Number of invoices or lease supplements:	
U.S. Content Percentage from the Exporter's Certificate:	[ ] %

Add Invoice/Lease Supplement

No Invoice or Lease Supplement added.

Back Save Submit Request

Paperwork Reduction Act:

We estimate it will take you about 30 minutes per response, that 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 Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.

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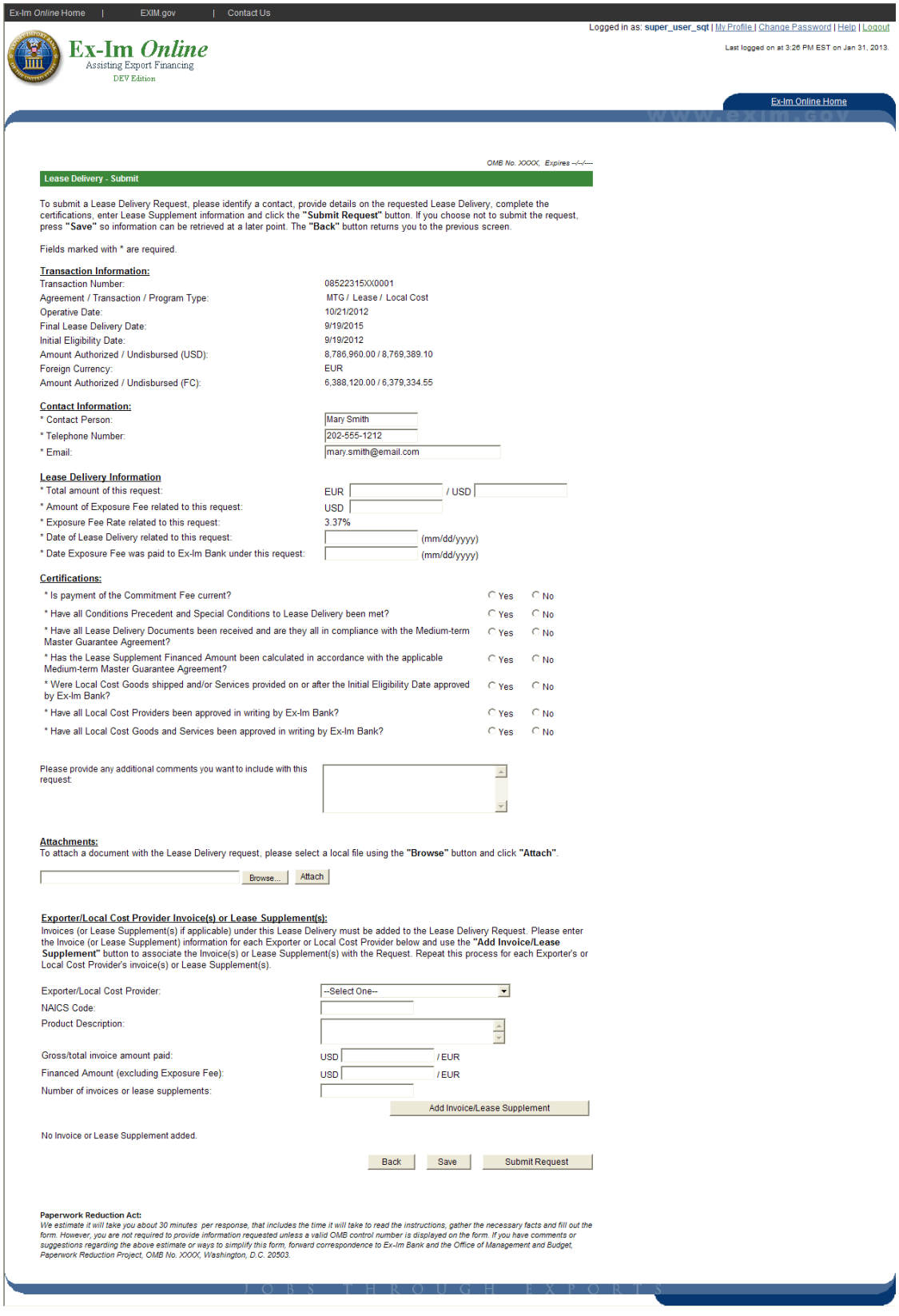
Q. Disbursement Request Form – MT Guarantee (Lease Delivery Foreign Currency – Floating Local Cost)



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DEV Edition

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OMB No. XXXX, Expires --/--/----

Lease Delivery - Submit

To submit a Lease Delivery Request, please identify a contact, provide details on the requested Lease Delivery, complete the certifications, enter Lease Supplement information and click the **"Submit Request"** button. If you choose not to submit the request, press **"Save"** so information can be retrieved at a later point. The **"Back"** button returns you to the previous screen.

Fields marked with * are required.

Transaction Information:

Transaction Number:	08522315XX0001
Agreement / Transaction / Program Type:	MTG / Lease / Local Cost
Operative Date:	10/21/2012
Final Lease Delivery Date:	9/19/2015
Initial Eligibility Date:	9/19/2012
Amount Authorized / Undisbursed (USD):	8,786,960.00 / 8,769,389.10
Foreign Currency:	EUR
Amount Authorized / Undisbursed (FC):	6,388,120.00 / 6,379,334.55

Contact Information:

* Contact Person:	Mary Smith
* Telephone Number:	202-555-1212
* Email:	mary.smith@email.com

Lease Delivery Information

* Total amount of this request:	EUR / USD
* Amount of Exposure Fee related to this request:	USD
* Exposure Fee Rate related to this request:	3.37%
* Date of Lease Delivery related to this request:	(mm/dd/yyyy)
* Date Exposure Fee was paid to Ex-Im Bank under this request:	(mm/dd/yyyy)

Certifications:

* Is payment of the Commitment Fee current?	Yes / No
* Have all Conditions Precedent and Special Conditions to Lease Delivery been met?	Yes / No
* Have all Lease Delivery Documents been received and are they all in compliance with the Medium-term Master Guarantee Agreement?	Yes / No
* Has the Lease Supplement Financed Amount been calculated in accordance with the applicable Medium-term Master Guarantee Agreement?	Yes / No
* Were Local Cost Goods shipped and/or Services provided on or after the Initial Eligibility Date approved by Ex-Im Bank?	Yes / No
* Have all Local Cost Providers been approved in writing by Ex-Im Bank?	Yes / No
* Have all Local Cost Goods and Services been approved in writing by Ex-Im Bank?	Yes / No

Please provide any additional comments you want to include with this request:

Attachments:
To attach a document with the Lease Delivery request, please select a local file using the **"Browse"** button and click **"Attach"**.

Browse... Attach

Exporter/Local Cost Provider Invoice(s) or Lease Supplement(s):
Invoices (or Lease Supplement(s) if applicable) under this Lease Delivery must be added to the Lease Delivery Request. Please enter the Invoice (or Lease Supplement) information for each Exporter or Local Cost Provider below and use the **"Add Invoice/Lease Supplement"** button to associate the Invoice(s) or Lease Supplement(s) with the Request. Repeat this process for each Exporter's or Local Cost Provider's invoice(s) or Lease Supplement(s).

Exporter/Local Cost Provider:	--Select One--
NAICS Code:	
Product Description:	
Gross/total invoice amount paid:	USD / EUR
Financed Amount (excluding Exposure Fee):	USD / EUR
Number of invoices or lease supplements:	

Add Invoice/Lease Supplement

No Invoice or Lease Supplement added.

Back Save Submit Request

Paperwork Reduction Act:
We estimate it will take you about 30 minutes per response, that 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 Ex-Im Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB No. XXXX, Washington, D.C. 20503.

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