

625 ROBERT STREET NORTH, SAINT PAUL, MN 55155-2538 WWW.MDA.STATE.MN.US

Agricultural Marketing and Development Division Phone: 651-201-6539

## Tradeshow & Demo Support Program (TSP) Application for Reimbursement

This program reimburses up to 50% of eligible expenses for wholesale food shows and in-store retail sampling events. Funds are limited and available on a first-come, first-served basis. For TSP guidelines, including eligible costs and annual limits, visit: www.mda. state.mn.us/food/business/processedfoods/tradeshowsupport.aspx

First Name / MI	Last Name	e Phone				
Company Name		Email				
Mailing Address		City	State	Zip		
Required! Product Promoted Was Made I	n: City	St				
Wholesale Tradeshow Claims (Red	ceipts Required)					
Event Name	Event Date	Eligible Item to be Reimburse	d A. Total for Ite	1 (50% of		
In-store Retail Sampling Claims (C	omplete Page 2 or A	ttach Spreadsheet)	Total from	Page 2 \$		
			Total Ro	lequest \$		
Submit this form within 6 months of the evines W-9 form. Mail to Tori Hoeppner at the				•		
I, the undersigned, agree to submit evalua I confirm that our company has fewer than or a state auditor for three years. I hereby of me for use in printed or electronic public without compensation to me. All footage, information submitted with this form is true	n 500 employees. I agree grant permission to the N cations or materials, inclu negatives, prints, and dig	to keep all related records and mand to take and use video and phanding social media sites. I authorizate reproductions shall be the productions shall be the productions.	ake them availa notographs and ze the use of th	able to the MDA d/or digital images nese images		
Applicant Signature		Date		_		
NOTE: We are requesting IRS Form W-9 in order information but we will be unable to process you access by law, by your written consent, by a consent with the consent of the consent	ur claim without it. No one v	will have access to your social security	number except			
To be Completed by Minnesota D	epartment of Agricu	lture				

Vendor ID

PO: 3(4)24691

Denied Claims Reason

**Date Received** 

Ok to Pay \$

Signed

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## Retail Sampling/Demo Reimbursement Claim Table

Transfer the total claim to page 1. You may copy this page if you are submitting claims for more than 8 events.

A. Demo Location / Store	B. Demo Date	C. Demo Duration Round to Nearest Half Hour	D & E Total Labor (C x \$10)	F. Round Trip Miles	G. Mileage Rate	H. Mileage Total (F x G)	I. Total (E + H)
		\$10/hour	\$		0.50/mile	\$	\$
		\$10/hour	\$		0.50/mile	\$	\$
		\$10/hour	\$		0.50/mile	\$	\$
		\$10/hour	\$		0.50/mile	\$	\$
		\$10/hour	\$		0.50/mile	\$	\$
		\$10/hour	\$		0.50/mile	\$	\$
		\$10/hour	\$		0.50/mile	\$	\$
		\$10/hour	\$		0.50/mile	\$	\$
Total Claim \$							

## Example Table

\* Transfer this total to Page 1

A. Demo Location / Store	B. Demo Date	C. Demo Duration Round to Nearest Half	Hour	D & E Total Labor (C x \$10)	F. Miles	G. Mileage Rate	H. Mileage Total (F x G)	I. Total (E + H)
Eastside Food Co-op	2/13/2014	2.5	\$10/hour	\$25				\$25
France 44 (Edina)	3/7/2014	3	\$10/hour	\$30	29.1	0.50/mile	\$14.55	\$44.55
Lake Wine & Spirits Cheese Shop	3/14/2014	3	\$10/hour	\$30				\$30
Total Claim							\$ 99.55	

## **Column Descriptions and Definitions:**

- A. Stores where demo was conducted.
- B. Date of demo.
- C. Amount of time, in hours, spent sampling/demoing on-site in a retail location where your products are sold. Round to the nearest half hour.
- D. \$10/hour labor reimbursement.
- E. Labor total.
- F. Actual miles driven to and from an event, calculated using an Internet mapping program. When traveling to multiple events, please request actual miles driven (as a "trip"). Mileage is only eligible when company staff or business owners are traveling/sampling, not for contracted demo workers. Save hard copy of maps with your TSP files, do not submit to MDA.
- G. Mileage rate reimbursed (.50/mile).
- H. Miles driven x current mileage rate. Maximum mileage claim per event is \$200.
- . Total reimbursement request per sampling event. Note: transfer the total to page 1 of this form.