# CONFIDENTIAL

WUSATA		AIM FORM UNDMATCH PROG	RAM	For Internal Use Only     WUSATA Claim #     ICP Claim #     ICP on file     Oversized items		
FundMatch Participant		WUSATA				
Country Where Activities ( (Complete a separate claim form for each		Mexíco				
Brands & Products		WUSATA				
FundMatch Program Activity Code		S2018	Program Date	Im Approval		
Claim Reference Number	(optional)	Foreígn Websíte	- <			
Expenditures by U.S. Co	mpany:		$\sim$			
Total Expenditures:	\$ 3,300					
Reimbursement Due (50%):	\$ 1,650		V V			
	or					
Expenditures by In-Cour	ntry Partner	/ Distributor:				
Total Expenditures:	\$					
Reimbursement Due (50%):	\$					
Note: An In-Country Partner Agr	eement must be	e on file with WUSATA® for th	ese expenditur	es to be eligible.		

# **Foreign Third Party:**

Check here if the In-Country Partner would prefer to be reimbursed directly via wire transfer. Please provide a completed Wire Transfer Form with the claim.

## **CERTIFICATION STATEMENT:**

WARNING: Federal and State law provide severe penalties for making false or misleading statements or representations of fact with respect to this claim. Under penalties of perjury, I declare and certify that I have personally examined this claim for reimbursement and the accompanying schedules, statements, and other documents; that I have conducted a reasonable investigation into the facts represented therein and to the best of my knowledge and belief, they are complete, true, correct, and accurate, and they truly, accurately, and completely list all information and amounts and sources related thereto; that the expenditures claimed on this form were in fact incurred by the Company for the purpose indicated herein, and the activities portrayed and described in the accompanying information in fact took place exactly as described and/or represented herein; that such expenses were for the promotion of the products and brands in the country market all as listed above; that the participant has not been reimbursed for the expenses claimed are necessary and reasonable for the purpose, and verifiable and supported by detailed records which are available for inspection.

Signature: Your Signature	Date: May 1, 2018
Print Name: Your Name	Title: President
Phone: 123-456-7890	Email: president@yourcompany.com

# Claim Contact\*: *Your name*

Email: president@yourcompany.com

\* Please include an approved claim contact if different than the company signer

# **EXPENSE SUMMARY SHEET**

You may substitute your own summary sheet or attach additional pages if necessary

Date of Activity	Description*	Foreign Currency Amount	Exchange Rate **	U.S. \$ Amount (REQUIRED)
7-1-2018	Foreígn Websíte Desígn			\$ 3,000
7-1-2018	Foreign Website Translation			\$ 300
			TOTAL	\$ 3,300
			50%:	\$ 3,300
	Activity 7-1-2018	Activity Description   7-1-2018 Foreign Website Design	Date of Activity Description* Currency Amount   7-1-2018 Foreign Website Design	Date of Activity Description* Currency Amount Literative Rate **   7-1-2018 Foreign Website Design -   7-1-2018 Foreign Website Translation -   - - -

\* Using the Travel Expense Summary, list international travel expenses for trade shows as one line item per traveler. Do not list the airfare, hotel, and meals as separate items.

\*\* Exchange Rates can be found at: <u>www.oanda.com</u>. Use the date of payment for figuring the U.S. dollar amount.

# CLAIM REIMBURSEMENT CHECKLIST

- If activity was completed more than 90 days ago, 🕮, claim is NOT ELIGIBLE. Do not submit expenses.
- All activities are dated after your Approval Date and occur in the current program year.
- Each expense listed above includes the vendor invoice, proof of payment, and proof of activity.
- All created materials and advertising clearly identify the products as from the U.S.A. Examples: "Product of the U.S.A." or "Grown in Washington" (state name cannot be abbreviated)
- The expenses itemized above are for an approved country market and for the brands and products listed in the FundMatch Program Agreement.
- Refer to the <u>FundMatch Program Manual</u> for the documentation required for each type of expense.
- Mail completed claims to: WUSATA FundMatch Program

4601 NE 77<sup>th</sup> Avenue, Suite 240 Vancouver, WA 98662

# Website Services

[Street Address] [City, ST ZIP] [Phone]

# INVOICE

BILLTO	IN	VOICE #	DATE	
WUSATA		5678	6/9/2018	
[Street Address]				
[City, ST ZIP]		$\sim$		
[Phone]	(	1		
DESCRIPTION	HRS	UNIT PRICE	AMOUNT	
Website Design for www.wusata.mx	50	60	3,000	
Website Translations for www.wusata.mx in to Spanish	5	60	300	
			-	
expected launch date July 1, 2018			-	
			-	
			-	
Thank you for your business!	SUB	OTAL	3,300	
	TAX F	RATE		
	TAX		-	
	тоти	AL	3,300	
S				

### FundMatch Bank

[Street Address] [City, ST ZIP Code]

BANK LOGO

#### Statement Date:

7/1/2018

Pages Account Number Statement Period 1 of 1 XXXX XXXX 1234 June 1-30, 2018

### CREDIT CARD MONTHLY STATEMENT

# **WUSATA**

					ACCOUNT
DATE	DESCRIPTION	REFERENCE	PAYMENTS	PURCHASES	BALANCE
				()	
	Beginning Balance				\$100
	Purchases, Fees				\$6,114
	Payments, Adjustments, Credits		\$250		\$60
	Ending Balance		$\sim$		\$5,614
	Minimum Payment Due		$\sim$		\$35

	CREDITS			
6/3/2018 6/5/2018	Payment Credit	SA	\$500 \$100	
	PURCHASES			
6/1/2018 6/9/2018	Online Retail Website Services			\$100 \$3,300
6/12/2018	Hotel			\$454
6/15/2018	Café			\$34
6/15/2018	Online Retail			\$21
6/16/2018	Online Retail			\$29
6/18/2018	Restaurant			\$45
6/18/2018	Restaurant			\$51
6/18/2018	café			\$12
6/18/2018	Taxi			\$29
6/18/2018	Taxi			\$34
6/20/2018	Online Retail			\$44
6/20/2018	Airline Company			\$1,256
6/26/2018	Taxi			\$44
6/28/2018	Airline Company			\$606
#	Taxi			\$55
	TOTALS		\$600	\$6,114

# WUSATA SAMPLE ONLY



7/18/2018

