|  |  |
| --- | --- |
| *For Internal Use Only* | |
| WUSATA Claim # |  |
| ICP Claim # |  |
| ICP on file | 🞎 |
| Oversized items | 🞎 |



## CLAIM FORM

**2020 WUSATA® FUNDMATCH PROGRAM**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name as on the contract with WUSATA: |  | | |
| Country Where Activities Occurred:  (Submit a separate claim for each country) |  | | |
| Brands & Products |  | | |
| FundMatch Program Activity Code  (Can be found on Exhibit A of Contract) |  | Program Approval Date |  |
| Claim Reference Number (optional) |  |

|  |  |
| --- | --- |
| **Expenditures paid by Your Company:** | |
| Total Expenditures: | $ |
| Reimbursement Due (50%): | $ |
| **or** | |
| **Expenditures paid by In-Country Partner / Distributor:** | |
| Total Expenditures: | $ |
| Reimbursement Due (50%): | $ |

Note: An In-Country Partner Agreement must be on file with WUSATA® for these expenditures to be eligible.

|  |  |  |
| --- | --- | --- |
| **Name of the In-Country Partner:** | |  |
|  | |  |
|  | 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 by any other entity; and that the expenses claimed are necessary and reasonable for the purpose, and verifiable and supported by detailed records which are available for inspection.

|  |  |
| --- | --- |
| Signature: | Date: |
| Print Name: | Title: |
| Phone: | Email: |
|  | |
| Claim Contact\*: | Email: |
| *\* Please include an approved claim contact if different than the company signer* | |

### EXPENSE SUMMARY SHEET

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reference Number**  **(optional)** | **Date of Activity** | **Description\*** List each invoice separately as a line item | **U.S $ Amount** | **Office Use Only** |
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|  |  |  |  |  |
|  | | | **Total:** |  |
| **50%:** |  |

*\* 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.*

**If the expenses were paid in the foreign currency, refer to** [**www.oanda.com**](http://www.oanda.com) **for the exchange rates. Use the date of payment for figuring the U.S. dollar amount.**

#### CLAIM REIMBURSEMENT CHECKLIST

* Refer to the[FundMatch Program Guide](https://www.wusata.org/programs/fundmatchprogram/guide/)for the documentation required for each type of expense.
* **Mail completed claims to**: WUSATA FundMatch Program

4601 NE 77th Avenue, Suite 240

Vancouver, WA 98662



## TRIP REPORT

**2020 WUSATA FundMatch Program**

***Trip Report(s) are required for each international trade show/trade mission claim.***

**Please attach a list of contacts made at the trade activity (copies of business cards are accepted).**

Total number of foreign buyer contacts acquired from this event:

|  |  |  |
| --- | --- | --- |
| **Company Name** | | |
|  | | |
| **Traveler 1 (Name and Title)** | **Traveler 2 (Name and Title)** | |
|  |  | |
| **Purpose of Travel -** *(Please summarize the purpose/goals of the trip)* | | |
|  | | |
| **Dates of Travel** - *(Please summarize the itinerary)* | | |
|  | | |
| **Summary of Findings and Conclusions** - *(Include an overview of the current market situation)* | | |
|  | | |
| **Print Name** | | |
| **Signature** | | **Date** |

## TRAVEL EXPENSE SUMMARY

**2020 WUSATA® FundMatch Program**



**Travel claims must include the Travel Expense Summary. A separate Travel Expense Summary is required for each traveler seeking reimbursement (maximum of two company representatives travel may be claimed for each trade show/trade mission).**

|  |  |  |  |
| --- | --- | --- | --- |
| **TRIP SUMMARY - *Complete one form for each traveler per show/trade mission*** | | | |
| **Traveler Name and Title** |  | | |
| **FundMatch Program Company** |  | | |
| **International Trade Show/Mission** |  | | |
| **Activity Location** (City and Country) |  | | |
| **Dates of the Activity** (Dates that exhibits were open) |  | | |
| **FLIGHT INFORMATION - *Attach e-ticket/passenger receipt, flight itinerary, boarding passes and proof of payment*** | | | |
| Name of U.S. or European Union (EU) Carrier: | | | |
| **AIRFARE** | | | **$** |
| **LODGING EXPENSES - *Attach itemized hotel bill and proof of payment*** | | | |
| 1. Nightly hotel room rate, including taxes, in U.S. dollars: *(Actual rate paid.)* | | **$** |  |
| 1. Per Diem lodging rate based on hotel location for the month of the show:   *(Rates can be found here:* [*https://aoprals.state.gov/web920/per\_diem.asp*](https://aoprals.state.gov/web920/per_diem.asp)) | | **$** |
| 1. Eligible hotel rate: *(Of the rates listed for* ***A*** *and* ***B****, use the* ***lower*** *amount per night.)* | | **$** |
| 1. Eligible number of nights: *(For more information, please see the* [*FundMatch Program Guide*](https://www.wusata.org/programs/fundmatchprogram/guide/)*)* | |  |
| **LODGING TOTAL (C x D)** | | | **$** |
| **MEALS & INCIDENTAL EXPENSES (M&IE) -** *Per diem based on hotel location and dates. Do not include receipts.* | | | |
| 1. Per Diem M&IE rate for the trade show/mission city for the month of the show: *(Rates can be found at* [*https://aoprals.state.gov/web920/per\_diem.asp*](https://aoprals.state.gov/web920/per_diem.asp)) | | **$** |  |
| 1. Number of days eligible for full M&IE = Number of travel days minus 2:   *(First and last travel days are eligible for 75% reimbursement.)* | |  |
| 1. Amount of full M&IE allowance = E x F | | **$** |
| 1. Number of days eligible for 75% M&IE allowance | | **2** |
| 1. Amount of 75% M&IE allowance = (E x 2) x 75% | | **$** |
| **M&IE TOTAL (G + I)** | | | **$** |
| **TOTAL TRAVEL EXPENSES** | | | |
| *Airfare + Lodging + M&IE*  **GRAND TOTAL** | | | **$** |
| ***NEXT STEP:*** *Transfer the GRAND TOTAL amount to the CLAIM FORM Expense Summary Sheet.* | | | |



## TRAVEL NOTIFICATION

**2020 WUSATA FundMatch Program**

Claims seeking international travel reimbursement must include a travel notification.

**Only one travel notification is required for each international trade show/mission activity claim.**

**IMPORTANT:**

1. Company representatives traveling to foreign trade show/trade missions are required to notify the Foreign Agricultural Service (FAS) office located in the destination country in writing at least 14 business days prior to travel.
2. Failure to provide advance notification of travel may result in disallowance of travel expense.
3. Confirmation that the travel notification was sent must be submitted with all travel claims (Printed fax confirmation and/or sent email).

**To find your destination country, please refer to the complete list of overseas Agricultural Trade Offices and U.S. Embassies** [**here**](https://apps.fas.usda.gov/overseas_post_directory/).

|  |  |  |
| --- | --- | --- |
| **Attention: Agricultural Trade Office (ATO)/ Agricultural Attaché** | | |
| **Travel Destination Country:** | | |
| **FAS Post Fax Number:** | **FAS Post Email Address:** | |
| **Traveling Company Name:** | | |
| **Traveling Company Phone:** *(if using a cell phone while in country, please include)* | | |
| **Traveler 1:** *(Name and Title)* | | **Traveler 2:** *(Name and Title)* |
| **Name of Trade Show/Mission:** | | |
| **Dates of Travel:** | | |
| **Comments or Questions for Overseas Office:** | | |