



CLAIM FORM

2021 WUSATA® FUNDMATCH PROGRAM

For Internal Use Only

WUSATA Claim # _____

ICP Claim # _____

ICP on file ☐Oversized items ☐

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

[illegible]

** 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 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](#) 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



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TRAVEL NOTIFICATION

2021 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](#).

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

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TRAVEL EXPENSE SUMMARY

2021 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		
A. Nightly hotel room rate, including taxes, in U.S. dollars: (Actual rate paid.)	\$	
B. 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)	\$	
C. Eligible hotel rate: (Of the rates listed for A and B, use the lower amount per night.)	\$	
D. Eligible number of nights: (For more information, please see the FundMatch Program Guide)		
LODGING TOTAL (C x D)		\$
MEALS & INCIDENTAL EXPENSES (M&IE) - Per diem based on hotel location and dates. Do not include receipts.		
E. 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)	\$	
F. Number of days eligible for full M&IE = Number of travel days minus 2: (First and last travel days are eligible for 75% reimbursement.)		
G. Amount of full M&IE allowance = E x F	\$	
H. Number of days eligible for 75% M&IE allowance	2	
I. 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.		

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TRIP REPORT

2021 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 - <i>(Please summarize the purpose/goals of the trip)</i>	
Dates of Travel - <i>(Please summarize the itinerary)</i>	
Summary of Findings and Conclusions - <i>(Include an overview of the current market situation)</i>	
Print Name	
Signature	Date