



CLAIM FORM
2023 WUSATA® FUNDMATCH PROGRAM

For Internal Use Only	
WUSATA Claim #	
ICP Claim #	
ICP on file	<input type="checkbox"/>
Oversized items	<input type="checkbox"/>

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 _____ Program Approval Date _____
 (Can be found on Exhibit A of Contract)

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

