CONFIDENTIAL

	CL	AIM FORM		For Internal Use Only	
WUSATA® FI		UNDMATCH PROGRAM		WUSATA Claim #	
				ICP Claim #	
WUSATA				ICP on file	
HUUAIA				Oversized items	
FundMatch Participant		Pearl's Jam			
Country Where Activities ((Complete a separate claim form for each		Ireland			
Brands & Products		Pearl's Jam - Jam			
FundMatch Program Activ	vity Code		Program Date	Approval	
Claim Reference Number	Claim Reference Number (optional) In Store Display				
Expenditures by U.S. Company:					
Total Expenditures:	\$ 900				
Reimbursement Due (50%):	\$ 450				
	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 these	expenditure	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: <i>Pearl Johnson</i>	Date: October 16, 2018
Print Name: Pearl Johnson	Title: Owner
Phone: 123-456-7890	Email: pearl@pearlsjam.com

Claim Contact*:

Email:

* 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

Country:	· · ·	-	• •		
Reference Number	Date of Activity	Description*	Foreign Currency Amount	Exchange Rate **	U.S. \$ Amount (REQUIRED)
	October- December 2018	In Store Dísplay			\$ 900
				TOTAL:	\$ 900
				50%:	\$ 450

* 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 77th Avenue, Suite 240 Vancouver, WA 98662

Invoice

ABC (Grocery	Date: Invoice #:	10/1/2018 1001
Bill to:	Pearl's Jam [Street Address] [City, ST ZIP Code] [Phone]		AL.
Months	Description	Unit Price	Line Total
3	In Store Display - Seasonal Rental 1 location, Ireland Fancy Food Market 3 months: October-December Holiday Season Campaign Pearl's Jam Strawberry	\$ 300	\$ 900
		Subtotal Sales Tax	
	SP	Total	\$ 900
	AA		
	NDS		

Wire Transfer Request



Payment Information

Fed Ref # XXXXXXXXXXXXXXXXXX

Debit Account

Debit Account <mark>Pearl's Jam</mark> Acct # xxxxx1234

Beneficiary

Beneficiary	
ABC Grocery	
Acct # xxxxx98	376

Payment Details

Beneficiary Bank FundMatch Bank IRC xxxxx5678

Debit Currency USD – United States Dollar Credit Currency USD – United States Dollar Amount 900.00 USD Value Date 10/01/2018 Cutoff time 05:30 pm ET

References

Originator to Beneficiary Information Purpose of Payment PAYMENT ACCORDING TO CONTRACT Originator Pearl's Jam ADDRESS CITY, STATE, ZIP

Checking Account

ACCOUNT #: xxxxx1234 | October 1, 2018 – October 31, 2018 | Page 1 of 3



<mark>Pearl's Jam</mark>

ADDRESS CITY, STATE, ZIP

Account Summary

Credits

Electronic deposits/bank credits

 Date	Amount	Description
 10/5	578.03	In wire; ref. 12345645654xxxxx
10/15	2,111.29	Daily deposits
10/30	7,133.82	Daily deposits

Debits

Checks paid

10/2 100.00 1234 10/10 350.00 1235 10/10 3,841.96 1236 10/17 121.07 1237 10/22 1,250.00 1238	Date	Amount	Check Number		
10/10 3,841.96 1236 10/17 121.07 1237	10/2	100.00	1234		
10/17 121.07 1237	10/10	350.00	1235		
	10/10	3,841.96	1236		
10/22 1,250.00 1238	10/17	121.07	1237		
	10/22	1,250.00	1238		

Electronic withdrawals/bank debits

Date	Amount	Description
<mark>10/01</mark>	<mark>900.00</mark>	Wire transfer to ABC Grocery; ref. 1234567599xxxx
10/11	2,000.00	Withdrawal
10/28	948.31	Wire transfer to Bank; ref. 1234567637xxxx

October



WUSATA SAMPLE ONLY

November



WUSATA SAMPLE ONLY

WUSATA SAMPLE ONLY

December



WUSATA SAMPLE ONLY