



CLAIM FORM

WUSATA® FUNDMATCH PROGRAM

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

FundMatch Participant Pearl's Jam

Country Where Activities Occurred
(Complete a separate claim form for each country) New Zealand

Brands & Products Pearl's Jam - Jam

FundMatch Program Activity Code S2018 Program Approval Date 1-1-18

Claim Reference Number (optional) Promotional Event

Expenditures by U.S. Company:	
Total Expenditures:	\$ 1,380
Reimbursement Due (50%):	\$ 690

or

Expenditures 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.

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 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: <u>Pearl Johnson</u>	Date: <u>September 1, 2018</u>
Print Name: <u>Pearl Johnson</u>	Title: <u>Owner</u>
Phone: <u>123-456-7890</u>	Email: <u>pearl@pearlsjam.com</u>

Claim Contact*: _____ Email: _____

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

WUSATA SAMPLE ONLY

1247

Pearl's Jam
ADDRESS
CITY, STATE, ZIP

01-23456789

DATE 7-28-2018

PAY TO THE
ORDER OF

City Food Fair

\$

1,380.00

One Thousand Three Hundred Eighty Dollars and 00 cents USD

DOLLARS

FundMatch Bank
ADDRESS
CITY, STATE, ZIP

FOR *Invoice # 3029*

Pearl Johnson

XXXXXX XXXXXXXXXXX XXXXXXXX1247

WUSATA SAMPLE ONLY

Checking Account

ACCOUNT #: xxxxx1234 | April 1, 2018 – April 30, 2018 | Page 1 of 20

**BANK
LOGO**

Pearl's Jam

ADDRESS

CITY, STATE, ZIP

Account Summary

Credits

Electronic deposits/bank credits

Date	Amount	Description
4/5	578.03	In wire; ref. 12345645654xxxxx
4/15	2,111.29	Daily deposits
4/30	7,133.82	Daily deposits

Debits

Checks paid

Check Number	Amount	Date	Check Number	Amount	Date
1234	100.00	4/2	1241	7,150.00	4/16
1235	350.00	4/3	1242	80.00	4/17
1236	3,841.96	4/5	1243	650.00	4/19
1237	121.07	4/10	1244	1,294.35	4/20
1238	1,250.00	4/10	1245	13,072.68	4/23
1239	7482.79	4/12	1246	4,000.00	4/23
1240	58,787.08	4/15	1247	1,380.00	4/28

Electronic withdrawals/bank debits

Date	Amount	Description
4/3	13,065.94	Wire transfer to ABC Company; ref. 1234567599xxxx
4/11	2,000	Withdrawal
4/28	948.31	Wire transfer to Bank; ref. 1234567637xxxx

