



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 Joe's Avocados

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

Brands & Products Joe's Avocados - Avocados

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

Claim Reference Number (optional) Signs ad

Expenditures by U.S. Company:	
Total Expenditures:	\$ 36,000
Reimbursement Due (50%):	\$ 18,000

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>Joe Smith</u>	Date: <u>October 8, 2018</u>
Print Name: <u>Joe Smith</u>	Title: <u>President</u>
Phone: <u>555-555-5555</u>	Email: <u>joe@avocados.com</u>

Claim Contact*: Jane Doe Email: jane@avocados.com

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

Simon's Super Signs

Invoice

[Street Address]
[City, ST ZIP Code]
[Phone]

Date 9/1/2018
Invoice # 582018

Bill To: Joe's Avocados
[Street Address]
[City, ST ZIP Code]
[Phone]

Ship to: Joe's Avocados
[Street Address]
[City, ST ZIP Code]
[Phone]

Qty	Description	Unit Price	Line Total
3	Signs (3 locations in Dublin, Ireland, one month - August)	\$ 10,000	\$30,000
3	Printing & Production of Signs	\$ 2,000	\$6,000
		Total USD	\$ 36,000

WUSATA SAMPLE ONLY

FundMatch Bank

[Street Address]
[City, ST ZIP Code]



Statement Date:

10/1/2018

Pages

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Account Number
Statement Period

XXXX XXXX 1234

September 1-31, 2018

CREDIT CARD MONTHLY STATEMENT

Joe's Avocados

DATE	DESCRIPTION	REFERENCE	PAYMENTS	PURCHASES	ACCOUNT BALANCE
	Beginning Balance				\$100
	Purchases, Fees				\$38,764
	Payments, Adjustments, Credits		\$250		\$600
	Ending Balance				\$38,264
	Minimum Payment Due				\$35

CREDITS

9/3/2018	Payment		\$500	
9/5/2018	Credit		\$100	

PURCHASES

9/1/2018	Simon's Super Signs			\$36,000
9/5/2018	Online Retail			\$50
9/12/2018	Hotel			\$454
9/15/2018	Café			\$34
9/15/2018	Online Retail			\$21
9/16/2018	Online Retail			\$29
9/18/2018	Restaurant			\$45
9/18/2018	Restaurant			\$51
9/18/2018	Café			\$12
9/18/2018	Taxi			\$29
9/18/2018	Taxi			\$34
9/20/2018	Online Retail			\$44
9/20/2018	Airline Company			\$1,256
9/26/2018	Taxi			\$44
9/28/2018	Airline Company			\$606
9/31/2018	Taxi			\$55

TOTALS

\$600

\$38,764





