COMPANY REIMBURSEMENT GUIDELINES
COMPANY REIMBURSEMENT

• Approved small businesses:
  • Can request reimbursement for eligible expenses.
  • Are eligible for reimbursement of 50% of actual export costs, not to exceed $6,000 per grant year.
  • Companies that represent designated Small Business Communities are eligible for reimbursement of 75% of actual costs, not to exceed $6,000 per grant year.

REIMBURSEMENT PACKAGE CONTENTS

• Company Reimbursement form
• Sample invoice
• Evaluation form
• Reimbursement Guidelines
  • Example of Company Reimbursement form
  • Example of typical receipt
  • Example of company invoice

WHAT ACTIVITIES ARE ELIGIBLE FOR REIMBURSEMENT

• International trade show/exhibition booth – up to $4,000
• Travel expenses for trade shows, trade missions and foreign buyer trips – up to $2,000 (airfare* $1,000 & lodging $1,000) *must adhere to Fly America guidelines.
• Department of Commerce services – up to $1,500
• Website globalization or design and translation of media and marketing materials – up to $3,000
• Export training for new to export businesses – up to $1,500

VENDOR MANAGEMENT FORM/IRS W-9 FORM

• Applicant must be an authorized vendor with Georgia’s State Accounting Office (SAO).
• Companies are required to provide the most updated W9 form and Vendor Management form for prompt reimbursement. Failure to send the most recent forms may delay reimbursement.
• Digital signatures are required for both forms. Signature stamps are not accepted and will slow down the reimbursement process. Georgia SAO requires a digital signature for security reasons. Once the document is signed with a digital signature, no changes can be made to the document.
  • Instructions for the Vendor Management form are provided to assist with completing the document.
  • In lieu of a digital signature, companies can sign the forms in blue ink, scan, and return to global@georgia.org.
COMPANY INVOICE

- Applicant is required to send an invoice on company letterhead, with supporting documentation (payment receipts, invoices, etc.) to GDEcD as part of the reimbursement package.

---

**COMPANY INVOICE**

| TO: | Georgia Department of Economic Development  
|     | International Trade Division  
|     | ATTN: Rhea Jacob  
|     | 75 Fifth Street, N.W., Suite 1200  
|     | Atlanta, Georgia 30308  

**DESCRIPTION** | **AMOUNT**
---|---
Economy class airfare-Delta Receipt #1 | $2,100.00
Hotel 8 nights ($225/night) Receipt #2 | $1,800.00
**Sub-Total** | **$3,900.00**

**Total Maximum Reimbursement** | **$2,000.00**

---

*Company Name and LOGO*

**SAMPLE INVOICE**

- Use company’s internal accounting invoice number.
- The total receipt amounts and line items need to match the invoice SUBTOTAL.
- The TOTAL needs to match the maximum reimbursement for the trade activity.
- Information required to match the Vendor Management and W9 Forms.
- Receipts must be numbered #1, #2, #3 and correspond to the DESCRIPTION line items.
TRAVEL RECEIPTS

- Receipts must be numbered in sequential order and scanned into one (1) PDF document.
- Ensure all receipts have the date of payment, total paid, and proof of payment.
- Proof of payment must be on receipt, either zero due or paid in full with payment method indicated.
- Tape individual receipts to a sheet of paper and scan all pages with receipt(s) into one electronic PDF document.
- Make sure to print and include any electronic receipts with this document.
- For airfare costs, include boarding pass with each passenger’s name or a screenshot of an electronic boarding pass.

Sample Hotel Receipt

Rosenweg 20
12345 Berlin
Bahnhofstrabe
+49 381-48234

Check In Date: 4 September 2021
Check Out Date: 12 September 2021
Number of Nights: 8
Company Name: Sage Consulting
Guest Name: Sage Smith
Guest Address: 82 Main Street
Spring GA 36347

# | Item Description | Description | Amount | Total
--- | --- | --- | --- | ---
1 | Hotel room | 8 nights | 225.00 | 1800.00
2
3
4
5
6
7
8

Subtotal | 1800.00 USD
Salex Tax (20%) | 360.00 USD

Total | 2160.00 USD
Paid AMEX xxx-xxxx-1234 | 2160.00 USD

Balance owed | 0.00

Ensure the receipt dates and name match the reimbursement form.
The receipt must show that the amount due is paid in full.
REIMBURSEMENT FORM

- The completed reimbursement form must be submitted along with the matching receipts.
- The following columns are required - reimbursement forms with any of the following details missing will be returned.
  - Receipt # (self-labeled 1, 2, 3 ...) and date
  - Trade activity (select one from the drop-down menu)
  - Expense description
  - Amount in foreign currency (as shown on receipt)
  - Exchange rate on the date of transaction (date invoice paid, check-out date from hotel, etc.). Do not round the exchange rate up. Go to https://www1.oanda.com/currency/converter to obtain the exchange rate.
  - Input all receipts into the worksheet and calculate a grand total.

---

Go Global Georgia
STEP Grant Reimbursement Form

Company Name: Sage Consulting
Primary Contact: Sage Smith
Contact Email: ssmith@sageconsulting.com
Activity: International Travel Expenses
Invoice: 12345

Please follow the instructions outlined in the reimbursement guidelines. No reimbursement will be granted until this worksheet and receipts are organized and submitted in one complete packet. Website for currency converter: https://www1.oanda.com/currency/converter/.

<table>
<thead>
<tr>
<th>Date</th>
<th>Trade Activity</th>
<th>Description/Notes</th>
<th>Amount in Foreign Currency</th>
<th>Exchange Rate</th>
<th>Amount in USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.22.2021</td>
<td>Economy Class</td>
<td>Delta #1</td>
<td>$2,100.00</td>
<td>1.30</td>
<td>$3,900.00</td>
</tr>
<tr>
<td>09.22.2021</td>
<td>Hotel</td>
<td>8 nights ($250/night) #2</td>
<td>$1,900.00</td>
<td>1.30</td>
<td>$3,900.00</td>
</tr>
</tbody>
</table>

Company Representative Signature: __________________________ Date: ____________

Each entry must have a receipt attached and labeled: receipts #1, #2, #3 and so on.

Must choose the activity from the pull down list and ensure it matches the approved trade activity.
Confirm that this number matches the invoice number submitted to GDEcD.
The total must match the invoice subtotal.
EVALUATION FORM

• This is a required form that must be completed in its entirety and submitted quarterly to GDEcD and SBA for the duration of the grant performance period.
• Please complete the entire Evaluation Form regardless of actual sales status.
• Add $0.00 in the ‘Outcomes Achieved’ field if you have no sales transactions or signed distributor agreements resulting from the export activity.
• We will follow-up with you if no actual sales have been realized. We understand that depending on the industry and the export activity, it may take a year or more to report actual sales. SBA requires updates on successful outcomes from grant-funded activities, even if they occur outside of the grant year. For this reason, we will continue to ask for activity outcomes in order to capture sales/successes for an extended period of time.

Thank you for participating in Go Global Georgia. We value your company’s contribution to export growth in our state. The Georgia Department of Economic Development (GDEcD) must report all successful outcomes that result from funding received through this program. Please complete the evaluation form below and return within 14 days. All Go Global Georgia participants are required to submit a completed form. This evaluation will be sent quarterly to all grant participants for data collection, as required by the U.S. Small Business Administration. Failure to complete this form may disqualify you from participating in future grant-funded activities. We appreciate your confirmation of this information.

Please select the GO GLOBAL GEORGIA activity in which you participated (choose one):

(Choose One)

Company Information
1. Company Name: __________________________
2. Primary Point of Contact: __________________________
3. Email: __________________________
4. Level of Export Experience (choose one):
   a. New to Export (No export experience; only novice exporting experience; no exports within past two years)
   b. Market Expansion (Currently exporting to one or more markets)

Activity Outcomes
1. Export sales amount resulting from activity: __________________________
2. New markets entered (please list country or countries):

3. Projected sales amount resulting from activity:
   a. Next 12 months: __________________________
   b. Next 18 months: __________________________

4. Number of new employees hired in Georgia (FTE) during the past calendar year as a result of on-going export activities: __________________________

Internal Use Only
5. How could this export activity have been improved?


6. Would you recommend Go Global Georgia to another company (please check one)?

   [ ] Yes  [ ] No

Testimonial About Your Experience:


☐ I permit GDEcD to use this testimonial.

Certification of the Reported Data

I hereby certify that all information provided in this document, as well as any accompanying documents, are true and complete.

Company Representative Signature _________________________ Date ____________________

Please return the completed form to Alice Carson at global@georgia.org
FINAL STEPS

- The reimbursement package must contain:
  - Completed and digitally signed reimbursement form. In lieu of a digital signature, companies can sign the forms in blue ink, scan, and return to GDEcD at global@georgia.org.
  - Single document with scanned copy of all receipts
  - Completed invoice on company letterhead
  - Activity evaluation form
- The reimbursement package must be submitted to GDEcD within 45 days after the event or activity is completed.
- Reimbursement payments will be processed once GDEcD office receives the complete package. Once approved, you will receive reimbursement within 30 - 45 days.
- All reimbursements are paid to the company listed on the Vendor Management Form.
- Email the Reimbursement package to Rhea Jacob: rjacob@georgia.org.
- Direct any questions to Alice Carson: acarson@georgia.org and/or global@georgia.org.