COMPANY REIMBURSEMENT GUIDELINES

COMPANY REIMBURSEMENT

• Approved small businesses can request reimbursement for eligible expenses and are eligible for 75% reimbursement, up to the maximum amount designated for the export activity.
• Companies that represent Small Business Communities are eligible for 75% reimbursement, up to the maximum amount designated for the export activity.

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

• Design and translation of international marketing materials
• UGA Small Business Development Center ExportGA training course
• International trade show booth costs
• International travel costs for trade shows, trade missions and foreign buyer trips including airfare and lodging*
• Participation in U.S. Commercial Service programs and services
• Website globalization/localization costs and other fees associated with growing online business opportunities
• Export consultancy services for international market intelligence and partner searches
• Export credit insurance premiums

VENDOR MANAGEMENT FORM (VMF) AND IRS W-9 FORM

• Applicant must be an authorized vendor with Georgia’s State Accounting Office (SAO). A completed and approved W-9 and VMF is required to be an authorized vendor.
• Applicant is required to provide the most updated W9 form and VMF 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 delay the reimbursement process. Georgia SAO requires a digital signature for security reasons.
• Instructions for the VMF are provided to assist with completing the document.
• In lieu of a digital signature, an applicant can sign the forms in blue ink, scan, and return to global@georgia.org.

*Only economy class airfare is reimbursable, and must comply with Fly America guidelines.
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.

![Sample Invoice Diagram]

- Use company's internal accounting invoice number.
- The total receipt amounts and line items need to match the invoice SUBTOTAL.
- The REIMBURSEMENT AMOUNT is 50% of the SUBTOTAL. The amount cannot exceed 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.
• Only economy class airfare is reimbursable. Provide a screenshot of the economy seat cost on the same dates of travel **IF** a more expensive ticket is purchased such as comfort, business or first-class.

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

Ensure the receipt dates and name match the reimbursement form.

<table>
<thead>
<tr>
<th>#</th>
<th>Item Description</th>
<th>Description</th>
<th>Amount</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hotel room</td>
<td>8 nights</td>
<td>225.00</td>
<td>1800.00</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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</tbody>
</table>

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

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.

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### Go Global Georgia STEP Grant Reimbursement Form

<table>
<thead>
<tr>
<th>Date</th>
<th>Trade Activity Select One</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></td>
<td></td>
<td>Economy class airfare Delta Receipt #1</td>
<td>$2,100.00</td>
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<tr>
<td></td>
<td></td>
<td>Hotel 8 nights ($225/night) Receipt #2</td>
<td>$1,800.00</td>
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</tbody>
</table>

**Total:** $3,900.00

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/](https://www1.oanda.com/currency/converter/).

- **Company Name:** Sage Consulting
- **Company Address:** 82 Main Street
- **Primary Contact:** Sage Smith
- **Contact Email:** ssmit@sageconsulting.com
- **Invoice #:** 12345
- **Activity:** International Travel Expenses
- **Date Submitted:** 09.22.2021

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 submitted to GDEcD two times over the course 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 understand that depending on the industry and the export activity, it may take a year or more to report actual sales. Updates on successful outcomes from grant-funded activities are required, 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 and/or signed distributor agreements for an extended period of time.

Go Global Georgia Evaluation Form

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):

<table>
<thead>
<tr>
<th>(Choose One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Show Booth</td>
</tr>
<tr>
<td>Travel Expenses (airfare &amp; lodging)</td>
</tr>
<tr>
<td>Website Globalization/Localization</td>
</tr>
<tr>
<td>Design and Translation of Marketing Materials</td>
</tr>
<tr>
<td>Export Training Courses/Workshops</td>
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<tr>
<td>U.S. Commercial Service</td>
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</tbody>
</table>

1. Company Name: ____________________________
2. Primary Point of Contact: ____________________________
3. Email: ____________________________
4. Level of Export Experience (choose one):
   - New to Export (No export experience; only novice exporting experience; no exports within past two years)
   - 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: ____________________________
Go Global Georgia Evaluation Form

5. How could this export activity have been improved?

[Text Box]

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

☐ Yes  ☐ No

Testimonial About Your Experience:

[Text Box]

☐ 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 reimbursement package and direct any questions to: global@georgia.org.