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## COMPANY REIMBURSEMENT GUIDELINES

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### 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 90% reimbursement, up to the maximum amount designated for the export activity.

### REIMBURSEMENT CONTENTS

- Company Reimbursement form
- Invoice
- Evaluation form
- Receipts

### WHAT ACTIVITIES ARE ELIGIBLE FOR REIMBURSEMENT

- Design of international marketing materials
- ExportGA training program through the UGA Small Business Development International Center
- International and domestic trade show booth costs (domestic shows require an international component)
- International travel costs for trade shows, missions and foreign buyer trips include only airfare and lodging\*
- Participation in U.S. Commercial Service programs and services
- Website globalization costs and other fees associated with growing online business opportunities
- Export credit insurance premiums

### SCR AND IRS W-9 FORMS

- Completed and approved W-9 and SCR forms are required to be an authorized vendor with the state, which is required by the State Accounting Office (SAO).
- 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.
- In lieu of a digital signature, an applicant can sign the forms in blue ink, scan, and return to [global@georgia.org](mailto:global@georgia.org).

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

## COMPANY REIMBURSEMENT GUIDELINES

### COMPANY INVOICE

- Applicant is required to send an invoice on company letterhead, with supporting documentation to GDEcD as part of the reimbursement package.

**Company Name and LOGO**  
**SAMPLE COMPANY INVOICE**

| <p><b>TO:</b> Georgia Department of Economic Development<br/>International Trade Division<br/>ATTN: Alice Carson<br/>75 Fifth Street, N.W., Suite 1200<br/>Atlanta, Georgia 30308</p>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>INVOICE NUMBER:</b> 13579</td> </tr> <tr> <td style="padding: 2px;"><b>TERM:</b> NET 30</td> </tr> <tr> <td style="padding: 2px;"><b>DATE OF INVOICE:</b></td> </tr> </table> | <b>INVOICE NUMBER:</b> 13579 | <b>TERM:</b> NET 30                    | <b>DATE OF INVOICE:</b> |  |            |                              |                   |                             |                   |  |
|---|--|------------------------------|--|-------------------------|--|------------|------------------------------|-------------------|-----------------------------|-------------------|--|
| <b>INVOICE NUMBER:</b> 13579  |  |                              |  |                         |  |            |                              |                   |                             |                   |  |
| <b>TERM:</b> NET 30   |  |                              |  |                         |  |            |                              |                   |                             |                   |  |
| <b>DATE OF INVOICE:</b>   |  |                              |  |                         |  |            |                              |                   |                             |                   |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">DESCRIPTION</th> <th style="text-align: right; padding: 2px;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Economy class airfare-Delta Receipt #1</td> <td style="text-align: right; padding: 2px;">\$2,100.00</td> </tr> <tr> <td style="padding: 2px;">Hotel 8 nights (\$225/night) <b>Receipt #2</b></td> <td style="text-align: right; padding: 2px;">\$1,800.00</td> </tr> <tr> <td style="padding: 2px;"><b>Total actual expenses</b></td> <td style="text-align: right; padding: 2px;"><b>\$3,900.00</b></td> </tr> <tr> <td style="padding: 2px;"><b>Reimbursement Amount</b></td> <td style="text-align: right; padding: 2px;"><b>\$2,000.00</b></td> </tr> </tbody> </table> | DESCRIPTION  | AMOUNT                       | Economy class airfare-Delta Receipt #1 | \$2,100.00              | Hotel 8 nights (\$225/night) <b>Receipt #2</b> | \$1,800.00 | <b>Total actual expenses</b> | <b>\$3,900.00</b> | <b>Reimbursement Amount</b> | <b>\$2,000.00</b> | <div style="background-color: #ffff00; padding: 5px; margin-bottom: 5px;"> <p>Company Name<br/>ATTN: Contact Name<br/>Address<br/>Email Address<br/>Telephone</p> </div> |
| DESCRIPTION   | AMOUNT   |                              |  |                         |  |            |                              |                   |                             |                   |  |
| Economy class airfare-Delta Receipt #1  | \$2,100.00   |                              |  |                         |  |            |                              |                   |                             |                   |  |
| Hotel 8 nights (\$225/night) <b>Receipt #2</b>  | \$1,800.00   |                              |  |                         |  |            |                              |                   |                             |                   |  |
| <b>Total actual expenses</b>  | <b>\$3,900.00</b>  |                              |  |                         |  |            |                              |                   |                             |                   |  |
| <b>Reimbursement Amount</b>   | <b>\$2,000.00</b>  |                              |  |                         |  |            |                              |                   |                             |                   |  |

Use company's internal accounting invoice number.

The reimbursement amount is 75% of the total actual expenses UP TO the activity's maximum reimbursement amount.

Information needs to match the SCR and W-9 Forms.

Receipts must be numbered #1 and #2 correspond to the DESCRIPTION line items.

## COMPANY REIMBURSEMENT GUIDELINES

### TRAVEL RECEIPTS

- 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.
- 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 2023  
 Check Out Date: 12 September 2023  
 Number of Nighths: 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.



| #                              | Item Description | Description | Amout  | Total              |
|--------------------------------|------------------|-------------|--------|--------------------|
| 1                              | Hotel room       | 8 nights    | 225.00 | 1800.00            |
| 2                              |                  |             |        |                    |
| 3                              |                  |             |        |                    |
| 4                              |                  |             |        |                    |
| 5                              |                  |             |        |                    |
| 6                              |                  |             |        |                    |
| 7                              |                  |             |        |                    |
| 8                              |                  |             |        |                    |
| <b>Total</b>                   |                  |             |        | <b>1800.00 USD</b> |
| <b>Total</b>                   |                  |             |        | <b>1800.00 USD</b> |
| <b>Paid AMEX xxx-xxxx-1234</b> |                  |             |        | <b>1800.00 USD</b> |
| <b>Balance owed</b>            |                  |             |        | <b>0.00</b>        |

The receipt must show that the amount due is paid in full.

## COMPANY REIMBURSEMENT GUIDELINES

### REIMBURSEMENT FORM

The completed and signed reimbursement form must be submitted along with the matching receipts.

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### GEORGIA EXPORT GRANT STEP GRANT REIMBURSEMENT FORM EXAMPLE

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Company Name Sage Consulting  
 Company Address 82 Main Street, Springs GA USA 36347  
 Primary Contact Sage Smith  
 Contact Email ssmith@sageconsulting.com Telephone Number 856.279.5496  
 Activity International Travel Expenses Date Submitted 09.22.2021  
 Invoice# 13579  
 Event Name \_\_\_\_\_  
 Event Location \_\_\_\_\_  
 Event Dates \_\_\_\_\_

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/>.

| Date         | Trade Activity* | Description/Notes                       | Amount in Foreign Currency | Exchange Rate | Amount in USD     |
|--------------|-----------------|---|----------------------------|---------------|-------------------|
| 09/04/23     | airfare         | Economy class airfare Delta Receipt #1  |                            |               | \$2,100.00        |
| 09/12/23     | hotel           | Hotel 8 nights (\$225/night) Receipt #2 |                            |               | \$1,800.00        |
|              |                 |   |                            |               | \$0.00            |
|              |                 |   |                            |               | \$0.00            |
|              |                 |   |                            |               | \$0.00            |
|              |                 |   |                            |               | \$0.00            |
|              |                 |   |                            |               | \$0.00            |
|              |                 |   |                            |               | \$0.00            |
|              |                 |   |                            |               | \$0.00            |
|              |                 |   |                            |               | \$0.00            |
| <b>Total</b> |                 |   |                            |               | <b>\$3,900.00</b> |

\*Must match activity chosen above.

Company Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**Must choose the activity from the pull down list and ensure it matches the approved trade activity.**

**Confirm that the invoice number matches the number on the invoice submitted to GDEcD.**

**The total must match the Total Actual Expenses on the GDEcD invoice.**



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



## COMPANY REIMBURSEMENT GUIDELINES

### EVALUATION FORM

- Applicant is required to include an Evaluation form with the reimbursement package.
- 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 it may take a year or more to report actual sales depending on the industry and/or the export activity.

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### GEORGIA EXPORT GRANT EVALUATION FORM

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Thank you for participating in the Georgia Export Grant program. Please complete the evaluation form below, as required by the U.S. Small Business Administration. The Georgia Department of Economic Development (GDEd) must report successful outcomes that result from funding received through this program. 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 Georgia Export Grant activity in which you participated (choose one):**

**Activity Information**

Event Name \_\_\_\_\_

Event Location \_\_\_\_\_

Event Dates \_\_\_\_\_

**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:  
 \_\_\_\_\_

Georgia Department of Economic Development | 75 Fifth Street, NW, Suite 1200, Atlanta, Georgia 30308 | 404.962.4000 | Georgia.org



## COMPANY REIMBURSEMENT GUIDELINES



### GEORGIA EXPORT GRANT EVALUATION FORM

5. How can this export activity be improved?

6. Would you recommend Georgia Export Grant to another company (please check one)? Yes  No

**Testimonial About your Georgia Export Grant 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](mailto:global@georgia.org)

Funded in part through a grant with the U.S. Small Business Administration and in accordance with Section 632 of Public Law 117-328, Georgia's total STEP program cost is \$413,333 of which 75% is Federal Share of \$310,000 and Non-Federal Share of \$103,333.

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## COMPANY REIMBURSEMENT GUIDELINES

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### FINAL STEPS

- The reimbursement package must contain:
  - Completed and digitally signed reimbursement and evaluation forms.
  - Receipts with “paid in full” or “zero balance”.
  - Completed invoice on company letterhead to GDEcD.
- The reimbursement package must be submitted to GDEcD within 45 to 60 days after the event or activity is completed.
- Reimbursement payments will be processed once GDEcD office receives a complete and accurate package. Once approved, you will receive reimbursement within 60 days.
- All reimbursements are paid to the company listed on the SCR form.
- Email the reimbursement package and direct any questions to: [global@georgia.org](mailto:global@georgia.org).