
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 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

- Export training courses enrollment fees
- International and domestic trade show booth costs (domestic shows require an international component)

VENDOR REGISTRATION

- Companies with approved applications will be required to make a one-time vendor profile in the State Accounting Office's vendor portal. Instructions for this can be found in your Grant application once you receive an approval email.

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

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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

TO: Georgia Department of Economic Development International Trade Division ATTN: Alice Carson 75 Fifth Street, N.W., Suite 1200 Atlanta, Georgia 30308	INVOICE NUMBER: 13579
	TERM: NET 30
	DATE OF INVOICE:
DESCRIPTION	AMOUNT
Economy class airfare-Delta Receipt #1	\$2,100.00
Hotel 8 nights (\$225/night) Receipt #2	\$1,800.00
Total actual expenses	\$3,900.00
	Reimbursement Amount \$2,000.00
Company Name ATTN: Contact Name Address Email Address Telephone	

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.



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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.



**GEORGIA EXPORT GRANT
EVALUATION FORM**

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:

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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 GDEd 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

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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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.