Generate a Claim Form to submit an expense claim
Log into your MySUSTA account & select ‘50% CostShare’
  o Select the program year for the claim
  o Select ‘Claim Status’
    o Select the ‘Country Market’, the ‘Claim Contact’ and the ‘Authorized Signer’
    o Select ‘Create’, which will generate the Claim Form

Claim Status
Generate 2016 Claim Form

If there are no contacts in your dropdown menus for ‘Claim Contact’ or ‘Authorized Signer’, you or the primary account holder for your company will need to go into your company’s contacts and designate at least one person for each.

Submit required documents
1. Claim Form:
   o Page 1: General expense information, the expense total, the reimbursement total and your signature. Calculate the total expenditures and the reimbursement due (50%) of total.
   o Page 2: On the Expense Summary Sheet, list all line items in this claim that contribute to the total amount of the claim. For travel expenses, do not group several travelers in one line-item; each traveler’s airfare, for example, must be listed separately
2. Supporting Documentation for each line item in the Expense Summary Sheet:
   o The detailed invoice, proof of payment and proof of activity (proof of activity varies depending on expense; see CostShare Manual for details related to your promotional activity)

Submit additional documentation for travel expense claims
1. Pre-Travel Notification Form must be sent at least 14 days prior to the start of the trade event. To submit proof of your ATO Notification:
   o Submit the ATO Notification form with copy of fax confirmation
   Or
   o Submit email that you sent to the ATO with notification of company’s traveler(s)
2. Trip Report with list of contacts made at event (photocopies of business cards are ok)
3. Travel Expense Worksheet Use this form to calculate total airfare, lodging and Meals and Incidentals (M&IE) per traveler and enter each of the totals per traveler in the Claim Form
   Airfare: The following supporting documentation is required for airfare reimbursement
   o Airline itinerary
   o Copy of airline eTicket confirmation or copy of airline passenger receipt
   o Proof of Payment – Copy of 1st page of credit card statement and page with airfare charge
   o Proof of Activity – Copy of Boarding Passes or Frequent Flyer Mileage Statement
   Lodging: This expense is reimbursed based on the eligible number of days stayed according to the hotel bill. This includes only the rate for the room, and the taxes for the room. If the actual cost of the room is less than the lodging per diem rate of that country, then the actual cost is eligible. If the cost for the room (including the room taxes) exceeds the per diem rate, then the per diem rate is the maximum amount that is eligible.
   o Invoice – Copy of detailed hotel bill showing name and address of hotel, name of registered guest (i.e., airline ticketed passenger), dates of arrival and departure, each night’s room charge plus any taxes, and total amount paid

Southern United States Trade Association | 701 Poydras Street | Suite 3845 | New Orleans, LA 70139
Phone: 504-568-5986 | Fax: 504-568-6010 | Email: susta@susta.org
50% CostShare Expense Claim Instructions

- Proof of Payment – Copy of 1st page of credit card statement and page with hotel charge

Meals & Incidental Expenses (M&IE): This expense is reimbursed based on 75% of the in-country foreign per diem rate for the first eligible day of travel and the last eligible day of travel. The full per diem rate is eligible for all days in between. For M&IE, it is a straight calculation (no receipts are required). Calculation: [$Per Diem Rate x 2 (first/last day) x 75%] + [$Per Diem Rate x # of Days in between = $ Eligible Meals Reimbursement].

Eligible dates of travel:
No more than two days prior to the start of the event and one day after the event ends.
Example:

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>1</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
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</table>

Submit expense claims to:
Mail the signed Claim Form with supporting documentation to:
SUSTA
Attn: Deneen Wiltz
701 Poydras Street, Suite 3845
New Orleans, Louisiana 70139

- When do I send in an expense claim?
Send expense claims within 90 days after the eligible activity. Near end of year expense claims must be submitted within 60 days of the start of the New Year.

- When can I get started?
Check your program agreement for approval dates and amounts. All expenses must incur between your approval date – December 31.

- How fast is the turn-around process?
Expense claims are reviewed on a first come first served basis. The review of expenses also depends on volume. Please keep in mind we work with many companies within 16 states.

- Tips for a faster process?
Organize expenses in an orderly fashion. Expenses submitted in disarray will not be reviewed and returned.

SUSTA does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation or marital/family status. Persons with disabilities, who require alternate means for communication of program information, should contact us.
Claim Form Example

Company approved to do promotional activities in Bangladesh, Kuwait, Austria, United Arab Emirates, and Germany. Expense claims must be submitted by country; there can be several expense claims for one country:

- Claim 1 Bangladesh
- Claim 2 Austria
- Claim 3 Kuwait
- Claim 4 Germany
- Claim 5 Austria
- Claim 6 Bangladesh
- Claim 7 Kuwait
- Claim 8 United Arab Emirates

Claim 1 Bangladesh submitted October 15

Claim Form signed and completed (see example below)

1. Page 1 must have total expenditure for that claim and the reimbursement request amount
2. Page 2 must list all line items in claim

Supporting documentation for each line item: invoice, proof of payment and proof of activity

Since this is a travel expense, also include:

- Trip Report
- Proof of ATO Notification
- Travel Expense Worksheet
CLAIM FORM
2016 SUSTA® 50% CostShare

50% CostShare Company: Chuck Loves Mardi Gras

Country where activities occurred: Bangladesh

Brands & Products: Chuck's Jambalaya

50% CostShare Activity Code: S0002

Program Approval Date: 07-20-2016

Claim Reference Number (optional):

<table>
<thead>
<tr>
<th>Expenditures by U.S. Company:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Expenditures:</strong></td>
</tr>
<tr>
<td><strong>Reimbursement Due (50%):</strong></td>
</tr>
</tbody>
</table>

or

<table>
<thead>
<tr>
<th>Expenditures by Foreign Third Party / Distributor:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Expenditures:</strong></td>
</tr>
<tr>
<td><strong>Reimbursement Due (50%):</strong></td>
</tr>
</tbody>
</table>

Note: An Foreign Third Party Agreement must be on file with SUSTA® for these expenditures to be eligible.

Foreign Third Party:
□ Check here if the Foreign Third Party would prefer to be reimbursed directly via wire transfer. Please provide a completed Wire Transfer Form.

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 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: Charlie Tester

Date: 10/5/16

Print Name: Charlie tester

Title: CEO

Phone: (504)123-4567

Email: charlie@churksjambalaya.com

Claim Contact*: Charlie tester

Claim Contact Email: jane@churksjambalaya.com

* Please include an approved claim contact if different than company signer.
### Expense Summary Sheet

2017 SUSTA® 50% CostShare

**Country:** Bangladesh (Bangladesh Food & Hotel)

<table>
<thead>
<tr>
<th>Ref. #</th>
<th>Date of Activity</th>
<th>Description*</th>
<th>Foreign Currency Amount</th>
<th>Exchange Rate**</th>
<th>U.S. Dollar Amount (Required)</th>
<th>For office use only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7/15/16</td>
<td>Airfare - Jane Smith</td>
<td></td>
<td></td>
<td>$4,032</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>9/30/16</td>
<td>Lodging - Jane Smith</td>
<td></td>
<td></td>
<td>$1,632</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>9/30/16</td>
<td>Mile - Jane Smith</td>
<td></td>
<td></td>
<td>$819</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>7/15/16</td>
<td>Airfare - John Doe</td>
<td></td>
<td></td>
<td>$4,032</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>9/30/16</td>
<td>Lodging - John Doe</td>
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<td></td>
<td>$1,632</td>
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<tr>
<td>2</td>
<td>9/30/16</td>
<td>Mile - John Doe</td>
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<td></td>
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<tr>
<td>3</td>
<td>7/25/16</td>
<td>Printed Sales Materials</td>
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<tr>
<td>4</td>
<td>9/15/16</td>
<td>Freight to Trade Show</td>
<td></td>
<td></td>
<td>$1,724.81</td>
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</table>

**Total:** $15,525.81

**50%:** $7,762.91

Please review the [50% CostShare Manual](#), using checklists for your particular activity. These checklists will provide you with all detailed items you will need to submit when you are ready to mail in your claim. Please remember that all claims need to be received within 90 days of the last day of the activity (refer to 50% CostShare manual for list of these dates for each activity) or they will not be eligible for reimbursement.