

**Vaughan Paralyzed Veterans**  
**2235 Enterprise Drive, Suite 3501, Westchester, IL 60154**  
**Business & Mileage Expense Report**

Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_ Event: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Member Status: \_\_\_\_\_ E-Mail: \_\_\_\_\_

WEEK	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	RATE	AMT
DATE:										
Hotel/Motel:										
Mileage:									\$0.50	
Tolls:										
Parking:										
Meals:										
Misc. Expenses:										

**\*Please select ONE of the (8) Mandated programs. If more than one program, you need to fill out more than one BER.**

Administration:										
Sports:										
Liaison:										
Fund Raising :										
Communication/Reports:										
Advocacy:										
Membership:										
Service:										
<b>TOTAL</b>										

**\*State nature of business including destination and people attending where applicable.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above expenditures represent cash spent for legitimate company business only and include NO ITEMS OF PERSONAL NATURE.

Notes:

Signed: \_\_\_\_\_

Approved: \_\_\_\_\_

CC: File