

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

Name: _____ Month/Year: _____ Event: LIFE ENJOYMENT FUND

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: | | | | | | | | | | |
| TOTAL | | | | | | | | | | \$200.00 |

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

Please briefly describe your experience of the location you attended and if you recommend it.

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

Revised and approved 07/19