

**Vaughan Paralyzed Veterans**  
**2235 Enterprise Drive, Suite 3501, Westchester, IL 60154**  
**Business & Mileage Expense Report**  
**Associate Sponsorship Fund 1K**

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

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

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

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

\*Please select ONE of the (8) mandated programs. If there is more than one program, you will need to complete more than one BER.

Administration:										
Sports:										
Liaison:										
Fundraising:										
Communication/Reports:										
Advocacy:										
Membership:										
Service:										
TOTAL										

\*State the nature of the business, including destination and people attending, where applicable.  
**The expense report must include ALL receipts for the items for which you are requesting reimbursement.**

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

Notes:

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

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

CC: File Revised and approved 11/15/2023