

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										\$300.00

***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