

Vaughan Paralyzed Veterans
2225 Enterprise Drive, Suite 2502, Westchester, IL 60154
Business & Mileage Expense Report
Associate Sponsorship Fund \$1,500

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.

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

Notes:

Signed: _____

Approved: _____