

**PARALYZED VETERANS OF AMERICA - WI CHAPTER'S**

**FINANCIAL REQUEST FORM**

DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME AND ADDRESS OF EVENT \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_ ARRIVAL DATE \_\_\_\_\_ DEPARTURE DATE \_\_\_\_\_

ESTIMATED TOTAL AMOUNT OF REIMBURSEMENT REQUEST \$ \_\_\_\_\_

*\*MAXIMUM REQUEST AMOUNT FOR FULL MEMBERS: \$1,500\**

*\*MAXIMUM REQUEST AMOUNT FOR ASSOCIATE MEMBERS: \$500\**

<b><u>BREAKDOWN "ESTIMATE"</u></b>		
AIR FARE \$ _____	MEALS \$ _____	OTHER (SPEC.) \$ _____
MILEAGE _____	LODGING \$ _____	

*\*MUST SUBMIT EXPENSE REPORT AND CORRESPONDING RECEIPTS FOR EACH BREAKDOWN ESTIMATE\**

**PERSONAL CARE ATTENDENT (PCA) INFORMATION (MANDATORY)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ VA APPROVED CAREGIVER \_\_\_\_\_ YES \_\_\_\_\_ NO

**PLEDGE & RELEASE OF LIABILITY**

**I have read and hereby agree to the terms of the PVA-WI's Sports & Travel Policies and Procedures. I understand if I do not complete the requirements, I may not be eligible for future financial assistance from the PVA Wisconsin Chapter until I have complied with the requirements.**

**If I am receiving additional funding from another source for this event, I am disclosing this information:**

**Amount:** \_\_\_\_\_ **Source:** \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_\_

APPROVING SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_\_

REVISED 8/24/22

<i>OFFICE USE ONLY</i>	
NOVICE	_____
MEMBER/ASSOC MEM.	_____
NOTIFIED	_____
\$\$ APPROVED	_____