



750 N Lincoln Memorial Drive
Suite 422
Milwaukee, WI 53202
(T) 414-328-8910
(F) 414-328-8948
www.wisconsinpva.org
info@wisconsinpva.org

Entertainment Reimbursement Financial Request Form

*****Before completing this form**, please read the Entertainment Reimbursement Program Policy & Procedure at https://wisconsinpva.org/sites/default/files/2026-02/ProgramBenefit%20Policies%20and%20Procedures%20Manual%20%28FEB%202026%29_2.pdf***

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

Email address: _____

Name of event: _____

Date of event: _____

How the funds will be used:

Amount Requested: \$ _____ (maximum of \$100)

Acknowledgement

(Check box to agree): I have read and hereby agree to the terms of the Entertainment Reimbursement Program Policy & Procedure. I understand that completing all required obligations is necessary to remain eligible for this and future financial assistance from PVA-WI.

If I am receiving additional funding from another source for this event, I am disclosing this information below (if not applicable, please answer "N/A").

Additional funding source and amount: \$ _____, _____

Signature (Full name): _____ **Date:** _____