

# PARALYZED VETERANS OF AMERICA - WI CHAPTER

## 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\**

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

***\*MUST SUBMIT EXPENSE REPORT AND CORRESPONDING RECEIPTS FOR EACH BREAKDOWN ESTIMATE WITHIN 30 DAYS AFTER THE EVENT\****

### 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 \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Please return to:**

**PVA-WI Chapter  
750 N Lincoln Memorial Dr.**

**Suite 422  
Milwaukee, WI 53202**

Or via e-mail

**info@wisconsinpva.org**

#### OFFICE USE ONLY

NOVICE \_\_\_\_\_  
MEMBER/ASSOC MEM. \_\_\_\_\_  
NOTIFIED \_\_\_\_\_  
\$\$ APPROVED \_\_\_\_\_