

KNIGHTS OF COLUMBUS COUNCIL 939

EXPENSE REIMBURSEMENT

PURPOSE:	DATE:
NAME	
ADDRESS	
CITY, STATE, ZIP	

DATE OF EXPENSE	DESCRIPTION	AMOUNT
		\$
		\$
		\$
		\$
SUBTOTAL		\$
LESS ADVANCE		\$ ()
TOTAL		\$

TRUSTEES
FINANCIAL SECRETARY

POLICY: REQUEST FOR PAYMENT MUST BE APPROVED BY TRUSTEES AND FINANCIAL SECRETARY

TREASURERS USE ONLY

VOUCHER/BATCH NUMBER _____

CHECK NUMBER _____

ACCOUNT/LINE ITEM/ACCOUNT _____

CHECK AMOUNT _____

DATE PAID _____