Knights of Columbus

Expense Account of District Deputy or Conferring Officer

(Please note rules on reverse side of this form) ..... , 20 .....

Date	TRAVEL		Purpose/Council Number	Round Trip Mileage	Transportation at .18 per mile	*Room	*Meals	*Miscellaneous	Total
	From	To							
				TOTALS					

***Receipts are required for all items.**

I hereby certify the foregoing to be a true and correct statement of expenses incurred by me.

Approved by .....
(State Deputy)

Date .....

.....
Signature

.....
Name District #

.....
Street

.....
City State/Province Postal Zip Code

(OVER)

PLEASE TYPE OR PRINT CLEARLY