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 .23 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