



ALBERTA NORTHWEST TERRITORIES
KNIGHTS OF COLUMBUS
ALBERTA CHARITABLE FOUNDATION

ITINERARY AND EXPENSE REPORT

NAME: _____

DATE: _____

POSITION: _____
(Please Print)

** All receipts must be attached to the back of the expense report before it will be processed

** The names of the meals guests must be printed on the back of the meal receipt

WEEK	TRAVEL		REASON	DISTANCE		HOTEL	MEALS	OTHER				DAILY TOTAL
DATE MM/DD/YYYY	From	To		KMS	TOTAL \$	TOTAL \$	TOTAL \$	PHONE \$	COURIER \$	POSTAGE \$	MISC. \$	\$
					-							-
					-							-
					-							-
					-							-
					-							-
					-							-
TOTALS				-	-	-	-	-	-	-	-	-

SIGNATURE : _____

APPROVED BY FOUNDATION TREASURER : _____

APPROVED BY : _____

APPROVED BY FOUNDATION PRESIDENT : _____

NAME (Print) : _____

CHEQUE NUMBER : _____

POSITION : _____

DATE CHEQUE ISSUED : _____