ALBERTA NORTHWEST TERRITORIES STATE COUNCIL
KNIGHTS OF COLUMBUS

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

** E-mail form to State Treasurer if kilometreage only

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

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

SIGNATURE : _____

APPROVED BY : _____

NAME (Print) : _____

POSITION : _____

APPROVED BY STATE TREASURER : _____

APPROVED BY STATE DEPUTY : _____

CHEQUE NUMBER : _____

DATE CHEQUE ISSUED : _____