

Knights of Columbus Expense Account of District Deputy or Conferring Officer



District Number

| A Par | | | | | | | | | Alak | |
|-------------|--------------------------------------|----------|------------------------|---|--------------------------------|-------|-------------|--------|------------|--|
| Date | Tr: From | avel To | Purpose/Council Number | Round Trip Mileage | Transportation at .28 per mile | *Room | *Meals | *Misc. | Total | |
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| | | | | TOTALS | | | <u> </u> | | <u> </u> | |
| | *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 | | | Signature | | | | | | | |
| Approved by | (State Deputy) | | | | Name | | | | | |
| | | -1-) | | Street | | | | | | |
| | (Da | ate) | | City | | | State/Prov. | Zip/F | ostal Code | |
| | | | | J., | | | | ,-,. | | |

Membership Number