

Knights of Columbus
Arden Carmichael Council 4970
P. O. Box 175, Carmichael, CA 95609-0175

Council Expense/Reimbursement Request

Date: _____ Requestor (print name payable to) _____

Signature: _____

Description of reimbursement, reason, function etc. Amount(s)

Staple **original** receipt(s) to this request.

Total Amount Requested:

Approvals:

OR

Approved by motion at council meeting on

Grand Knight: _____

_____ (date)

1 Year Trustee: _____

2 Year Trustee: _____

3 Year Trustee _____

Financial Secretary Voucher Number: _____

Treasurer Check Number: _____

Treasurer Date Paid: _____