



Knights of Columbus • State Council
 State Deputy • Mike Steiner
 2938 Southgate Drive • Fargo, ND 58103

Payment Voucher • 2020 - 2021

Payee: _____

Date: _____

Expense Type (select only one) : _____ State Meetings _____ Convention

Please reimbursement my expense for

(please enter the Event)

Mileage	_____	*	Rate \$ 0.41/Mile	=	_____
Hotel	_____	*	Rate _____	=	_____
	(number of nights)				
Meals	_____				= _____
	(Max. Reimbursement - Breakfast - \$10 / Lunch - \$15 / Dinner - \$25)				
Other purchases	_____				= _____
Other purchases	_____				= _____
Other purchases	_____				= _____
Other purchases	_____				= _____
Grand Total of my Voucher Expense.....					= _____

I certified all the expenditures above and have attached all receipts.

Payee Signature	Position	Date
-----------------	----------	------

State Council Payment Approval

State Deputy Signature	Date
------------------------	------

State Secretary Signature	Date
---------------------------	------