



Knights of Columbus Chevaliers De Colomb

STATE COUNCIL/CONSEIL D'ETAT
NEWFOUNDLAND & LABRADOR/TERR-NEUVE ET LABRADOR
Website: www.envision.ca/webs/kofcnl

Date: _____

Return Address: _____

Worthy State Treasurer:

On behalf of _____ Council # _____

I am requesting reimbursement from **The Member Medical Travel Fund** for benefits paid to the following members and or spouse(s) listed.

Member's Name	Membership Number	Dates of Travel

I certify that the member(s) listed above are in good standing with my council and that Council # _____ is in good standing with State Council as per Resolution.

Fraternally,

Grand Knight