

**KNIGHTS OF COLUMBUS**

EXPENSE FORM - Rev. Jul 2021

Row #	Date	Purpose	Category	Amount
1				
2				
3				
4				
5				
6				
7				

*Sub Total General Expenses*

Row #	Date	Purpose	Destination	Total Round Trip Miles	Total \$0.33 per Mile
1					
2					
3					
4					
5					

*Sub total miles*

**EXPENSE FORM TOTAL**

**All expenses must be supported by receipts and explanation.**

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Charity Pres Approval:

Committee Chairman Approval:

Date:

Voucher:

I certify the foregoing to be a true and correct statement of expenses incurred by me.

Signature:

Printed Name:

Address:

City:

State:

Zip:

Phone:

Email: