

Knights of Columbus Chevaliers De Colomb

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

Date:			
Return Address:			
Worthy State Treasurer:		*	
On behalf of	Council # _	Council #	
I am requesting reimburse	ement from The Sick Children's ving members and or spouse(s) li		
Member's Name	Membership Number	Dates of Travel	
I certify that the member(s) listed above are in good stand	ing with my council an	
that Council #	_ is in good standing with State	Council as per	
Resolution.			
Fraternally,			
Grand Knight			