

# Knights of Columbus

## Council 6100

### Expense Reimbursement Form

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Date: \_\_\_\_\_

Worthy Financial Secretary,

I request to be reimbursed in the amount of \$ \_\_\_\_\_

for: [check box]

- 1) A onetime general non-reoccurring expense incurred in Council business as described below, - or -
- 2) Expenses incurred in Council business against monies previously approved by the council under: *Motion #* \_\_\_\_\_

*For:* \_\_\_\_\_

Payee Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_  
[address if applicable]

Provide a short explanation below and attach receipts.

Respectfully submitted \_\_\_\_\_  
[print name]

Worthy Treasure,

This request is approved for payment \_\_\_\_\_ F.S.  
[initial or sign]

Voucher # \_\_\_\_\_ Check # \_\_\_\_\_