



Knights of Columbus

Indiana State Council
Knights of Columbus
Expense Account

Name: _____

Date _____ to _____

Address: _____

City _____

| Date | Expense | Description | Car Mileage | Total Mileage @.30 | Hotel Motel | Meals | Telephone Expense | Misc. | Total |
|--|---------|-------------|----------------|--------------------------|----------------|-------|----------------------|-------|----------------|
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| I hereby certify the foregoing to be a correct statement of expenses incurred by me. | | | | | | | | | Total Expenses |

Signature _____

Approved By _____ State Deputy