Knights of Columbus

Fair Oaks Council 6066

P. O. Box 1180

Fair Oaks, CA 95628-1180

Council Reimbursement/Budget Expenditure Request

Signature of Requestor: _____ Date: _____

Pay To: _____

Description of reimbursement/budget item, reason, function etc. **Amount**

Is This Budgeted? Yes:___ No: ____ Budget Line _____ **Total Amount**: _____

Attach Receipts Here:

Financial Secretary
Voucher Number: _____

Treasurer Check Number: _____

Date Paid: _____

Audit Period: _____

Signatures are required of

Grand Knight: _____

1 Year Trustee: _____

2 Year Trustee: _____

3 Year Trustee: _____