

KNIGHTS OF COLUMBUS --- OREGON STATE COUNCIL

Expense Account of State Officers Directors, Chairman, Team Members

DATE: _____

Travel Expenses:

DATE	TRAVEL From	To:	PURPOSE	Mileage Round Trip	TRANSPORTATION \$ at .23 per mile	ROOM \$	MEALS \$	MISCEL. \$	TOTAL \$
							<i>SUB - TOTAL (A)</i>	\$	

Other Expenses

DATE	DESCRIPTION	QUANTITY	UNIT PRICE \$	TOTAL \$

NAME:			SUB-TOTAL (B)	\$
STREET:			TOTAL (A+B)	\$
CITY		ZIP:		
TELEPHONE				

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

Signature _____

Approved by State Deputy _____