

Knights of Columbus
St. Joseph Assembly 2246

Submitted By: _____

Date Submitted: _____ 20_____

Make Check Out To: _____

Amount of Expense: _____

Budgeted Expense: ___ Yes ___ No

Budget Area: _____

Date Expense Incurred: _____

Description of Expense: _____

Receipt Attached? ___ Yes ___ No

Review By Trustees

Date of Review: _____ 20_____

Approved By (At Least Two Signatures Required):

Paid By Purser

Check Number: _____

Date of Check" _____