

Knights of Columbus Council 9332 Expense Reimbursement Form



Date: _____

In order to be reimbursed for expenses incurred relevant to your participation in a council event or activity, we need your cooperation and use this form. When used correctly, this form will allow our accounting to be more transparent. It will also assure a quicker reimbursement for you.

COUNCIL MEMBER'S CONTACT INFORMATION:

NAME: _____ EMAIL: _____

PHONE: _____

ITEMIZED EXPENSES- If the entire amount of your receipt is for a Knights event or activity, write the name of the business in the Item column and the total amount in the Amount column. **HOWEVER**, if you have a receipt with personal items AND Knights items please circle the Knights items and list those Knights items below. **[Remember, it is always better to separate your personal items from your Knights related items by making separate transactions for each at the store.] Be sure to staple ALL receipts and necessary documentation to this form. Any expenses incurred without proper documentation or receipts will NOT be reimbursed. Thanks.**

Item	Purpose or Event	Amount

Total Amount requested _____

Total Amount approved for reimbursement _____

Approved by _____