



Expense reimbursement request – Knights of Columbus Council 11028  
Attach receipts to back for all items over \$ 25.00

Amount: \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

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Amount: \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

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Amount: \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Check number

\_\_\_\_\_  
Date