

Indiana State Council
 Knights of Columbus
 Expense Account

Name: _____

Date _____ to _____

Address: _____

City _____

Date	Expense	Description	Car Mileage	Total Mileage @.26	Hotel Motel	Meals	Telephone Expense	Misc.	Total
I hereby certify the foregoing to be a correct statement of expenses incurred by me.									Total Expenses

Signature _____

Approved By _____ State Deputy