

knights of columbus msgR hugh o'flaherty council 8297

Reimbursement / Donation Form

The following approved items were ordered / purchased by _____
(Print Name)

(Event)	(Date of Event)
<u>List Purchase(s)</u>	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Claim	\$

(Signature of Purchaser) (Date Signed)

Payable to: _____

Receipts must be attached for all reimbursements

Grand Knight	_____
Trustee 1	_____
Trustee 2	_____
Trustee 3	_____
Voucher No.	_____
Forward to	Date Paid
Treasurer	_____