



Knights of Columbus

Our Lady of Peace Council 8668

Expense Claim Form

Submission Date:

Requested by:	Amount of Reimbursement:
Description of Expenses	
Checked by:	
Trustee Signature	Date:
Grand Knight Approval:	
Grand Knight Signature	Date:
Payment Issued: Cheque No: _____ or Cash Disbursed: \$ _____	
Treasurer Signature	Date:
Received by:	
Signature	Date:
Comments:	

