KNIGHTS OF COLUMBUS --- OREGON STATE COUNCIL

Expense Account of State Officers Directors, Chairman, Team Members **DATE:_____**

Travel Expenses:

DATE	TRAVEL From	To:	PURPOSE	Mileage Round Trip	TRANSPORTATION $ at .23 per mile	'ROOM $	MEALS $	MISCEL. $	TOTAL $
						SUB - TOTAL (A)		*$*	

Other Expenses

DATE	DESCRIPTION	QUANTITY	UNIT PRICE $	TOTAL $

NAME:			SUB-TOTAL (B)	$
STREET:			TOTAL (A+B)	$
CITY		ZIP:		
TELEPONE				

I hereby certify the foregoing to be true and correct statement of expenses incurred by me Signature_____ Approved by State Deputy_____