knights of columbus
kennewick council 8179

Reimbursement / Donation Form

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

(Event)	**(Date of Event)**

List Purchase(s)

	$
	$
	$
	$
	$
	$
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. _____ **Check No.** _____

Forward to Treasurer _____ **Date Paid** _____