

# KNIGHTS OF COLUMBUS COUNCIL 11187

Request for Funds/Reimbursement

EVENT: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Pay To: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Chair: \_\_\_\_\_

Co-Chair: \_\_\_\_\_

Co-Chair: \_\_\_\_\_



Activity Type/Area

Administrative: <input type="checkbox"/>	Family: <input type="checkbox"/>
Benevolent Fund: <input type="checkbox"/>	Membership: <input type="checkbox"/>
Council: <input type="checkbox"/>	Pass Through: <input type="checkbox"/>
Church: <input type="checkbox"/>	Right to Life: <input type="checkbox"/>
Community: <input type="checkbox"/>	Squires: <input type="checkbox"/>
Fund Raising: <input type="checkbox"/>	Youth: <input type="checkbox"/>

Knights Working: \_\_\_\_\_

Total Man-Hours: \_\_\_\_\_

<u>Date</u>	<u>Description</u>	<u>Amount</u>
<b>Total</b>		

1. Use this form to request funds from the Council
2. Print and attach all receipts and submit to the Finacial Secretary

Financial Secretary

Voucher \_\_\_\_\_

Date \_\_\_\_\_

Check number \_\_\_\_\_

Date \_\_\_\_\_

Trustees \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_