For Office Use Only

Expense report

Arkansas State Council **Knights of Columbus** **PAY PERIOD:** From _____ To _____

EMPLOYEE INFORMATION:

Name _____ Address _____ State _____

Office _____ City _____ Zip _____

Date	Account	Description	Miles	*Rate	Total	Meals	Motel	Supplies	Postage	Total
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									Subtotal	$ -
									Advances	
									Total	$ -

APPROVED: _____

NOTES: _____