



# Expense Reimbursement Request Knights of Columbus Assembly 2107

**Attach receipts to back**

Amount: \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

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Amount: \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

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Amount: \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Warrant No.

\_\_\_\_\_  
Check No.

\_\_\_\_\_  
Date

