



KNIGHTS OF COLUMBUS

WYOMING STATE COUNCIL

Expense Account Form

Date Submitted: _____

Print Payee Name: _____

Title or Position: _____

Expense Item Amount (\$)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Expenses \$0.00

Signature: _____

Mail receipts and completed form to State Deputy for Approval:

James Venjohn
State Deputy
1738 S Elk Ave
Casper, WY 82601

Mail reimbursement check to:

For Administrative Use Only

Approved by State Deputy _____
Signature Date

Approved by State Secretary _____
Signature Date
Voucher No. _____

Check Written by State Treasurer: _____
Signature Date

Check number: _____ State Expense Account Number: _____