



Knights of Columbus

Notre Dame Council 10514

P. O. Box 2084

Flagler Beach, FL 32136-2084

Request for Reimbursement		Date:	
TO:		From:	
		Telephone:	
Pay To:	Name:		
	Address:		
	City, State, Zip:		
<i>- Submit Item Receipts for All Reimbursements -</i>			
	Description:	Item Amount	
Item #1			
Item #2			
Item #3			
Item #4			
Item #5			
(Please Attach Receipts)		Total:	\$
Event/Reason			
(For Officer Use Only)			
		Date Received:	
		Date Entered in Supreme System to Print Payment Voucher:	
Trustee Approval Sign and Date: (Minimum One Trustee Signature Required)			
Treasurer Sign & Date Paid			
Check #		Check Amount	\$