



**Knights of  
Columbus®**  
**Florida  
State Council**

## FLORIDA STATE COUNCIL

### EXPENSE REPORT

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_

#### PURPOSE OF EXPENSE:

Date	Item Description or meeting information/location/Council #	Round Trip Mileage	At \$0.25 per mile	Lodging or Transportation	Meals	Postage - Tele	Misc	Total
Column Totals								
						Total		

Signature \_\_\_\_\_

Type in name as signature

Approved by: \_\_\_\_\_

Type in name as signature

All supporting receipts must be submitted as a single PDF files separate from the expense form.

**Address where the check is to be mailed.**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_