



Knights of Columbus

ALASKA STATE COUNCIL
Office of the State Deputy

State Council Expense Voucher

Applicant Information - MUST COMPLETE FULLY	Travel Information
Name:	Purpose of Travel:
Address:	Travel Dates:
City, State Zip:	Date of Voucher Submission:
Position:	

A. Travel	Attach Receipts
<input type="checkbox"/> Air	\$
<input type="checkbox"/> Bus	\$
<input type="checkbox"/> Ferry <input type="checkbox"/> Taxi <input type="checkbox"/> Limosine	\$
<input type="checkbox"/> Car Travel From _____ Travel To: _____ .31 per mile normally. Miles cents per mile.	\$ \$

B. Accomodation	Attach Receipts
<input type="checkbox"/> Accomodation nights @ per night	\$
<input type="checkbox"/> Meals Number of Meals: _____	\$ \$

C. General Expenses	Attach Receipts
<input type="checkbox"/> Telephone	\$
<input type="checkbox"/> Postage	\$
<input type="checkbox"/> Stationery and Suppl	\$ \$

D. Others	Attach Receipts	
	\$	
	\$	
	\$	
	\$	
	\$	Total Expenses

Signatures
I hereby certify the foregoing to be a true and correct statement of expenses incurred by me:
Applicant's Signature: _____ Date: _____
Approved for payment State Deputy/State Secretary: _____

Treasurer's Office
Check #:
Date:
Amount Paid
State Treasurer: _____