

# KNIGHTS OF COLUMBUS COUNCIL 11187

## Request for Funds/Reimbursement

EVENT: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Pay To: \_\_\_\_\_

Credit Card:  Preferred

Check:  Enter information below

Payee: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Chair: \_\_\_\_\_

Co-Chair: \_\_\_\_\_

Co-Chair: \_\_\_\_\_

Administrative <input type="checkbox"/>	<u>Passthrough</u>
ASAP <input type="checkbox"/>	Coat Drive <input type="checkbox"/>
Benevolent/Knight in Need <input type="checkbox"/>	Gimme 5 <input type="checkbox"/>
Council <input type="checkbox"/>	Shirt/Hats <input type="checkbox"/>
Community <input type="checkbox"/>	SOS <input type="checkbox"/>
Faith <input type="checkbox"/>	Miscellaneous <input type="checkbox"/>
Family <input type="checkbox"/>	
Membership <input type="checkbox"/>	<u>Events</u>
	Blue Coats <input type="checkbox"/>
<u>Fund Raising</u>	Family Fall Festival <input type="checkbox"/>
Car Show <input type="checkbox"/>	St. Patty's Party <input type="checkbox"/>
Cash Bonanza Raffle <input type="checkbox"/>	Wives Appreciation Dinner <input type="checkbox"/>
Fish Fry <input type="checkbox"/>	
Football Raffle <input type="checkbox"/>	Other _____
Pancake Breakfast <input type="checkbox"/>	
Seton Open <input type="checkbox"/>	



<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	_____

Financial Secretary

Voucher \_\_\_\_\_

Date \_\_\_\_\_

Check Number \_\_\_\_\_

Date \_\_\_\_\_

Trustees

3rd Year \_\_\_\_\_

2nd Year \_\_\_\_\_

1st Year \_\_\_\_\_

1. Use this form to request funds from the Council
2. Print and attach all receipts and submit to the Financial Secretary

Knights Working \_\_\_\_\_

Total Man-Hours \_\_\_\_\_