

**St. Joseph Council 12186**  
**Knights of Coulumbus**  
**Activity and/or Expense Report**

Official Use
Date: _____
Check # _____

Name of Activity \_\_\_\_\_ Date Held: \_\_\_\_\_

Person Responsible for this report: \_\_\_\_\_

Receipt Attached: YES NO If No, Explain: \_\_\_\_\_

**Revenue Generated**

From Whom:	Amount
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

**Expenses Incurred**

Purchased from:	Description:	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		_____

**Mileage Reimbursement Request (reimbursed at \$0.25/mile)**

Location:	Purpose for request:	Miles X .25 =	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

Signature of Person Preparing Report: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Secretary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Hours: \_\_\_\_\_