

# St. Joseph Parish Council 12186

## Knights of Columbus Activity and/or Expense Report

Name of Activity: \_\_\_\_\_

Date Received or Held: \_\_\_\_\_

Person Responsible: \_\_\_\_\_

Receipt Attached: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Explain: \_\_\_\_\_

Revenue Generated

Expenses Incurred

Type

Amount

Type

Amount


Final Total Amount: \_\_\_\_\_ \$0.00

Expense Amount: \_\_\_\_\_ \$0.00

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

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