



Knights of Columbus

PROGRAM EXPENSE REPORT

Chairman:		Purpose: <i>Check any that apply</i>	<input type="checkbox"/> Church	<input type="checkbox"/> Community
Program Event:			<input type="checkbox"/> Council	<input type="checkbox"/> Family <input type="checkbox"/> Youth
Program Date:				

PLEASE ATTACH ALL RECEIPTS

Date	Description	Budget Estimate \$	Additional \$ (over budget)	Actual \$
Totals				

Signature	
_____	Date: _____
_____	Date: _____