



NJ Knights of Columbus Motorcycle Ministry Expense Voucher

Date	Description Of Expense	Amount

Submitted By Name (Print): _____ Signature: _____ Date: / /

Expense Pre-Authorization	
Reason: _____	Date of: / /
Amount \$ _____	Issued To: _____
Approved by 2/3 vote of membership present on: / /	

All Receipts Must Be Attached For Payment

	Name Reviewed By	Date
Trustee		
Trustee		
Trustee		

Order to Pay # _____	Date: / /	FS Signature: _____
Notes: _____		
