



NJ Knights of Columbus Motorcycle Ministry Expense Voucher

Date	Description Of Expense	Amount

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

All Receipts Must Be Attached For Payment

Expense Pre-Authorization

Reason: _____ Date of: / /

Amount \$ _____ Issued To: _____

Approved by 2/3 vote of membership present on: / /

	Name / Signature of Reviewed By	Date
Trustee		
Trustee		
Trustee		

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

Notes: _____

