



Knights of Columbus

Ascension Council 9285
Manassas, Virginia



Submitted By: _____ Date: _____

Approvals

Program Dir: _____ Activity: _____

Trustee: _____

1. _____ Payable To: _____

2. _____

3. _____

Gr. Knight: _____ Amount (\$): _____ Budget Item: _____

Voucher: _____ Check No. _____

Remarks: _____



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