

KNIGHTS OF COLUMBUS COUNCIL 15706

EVENT: _____ DATE: _____

RECEIPTS USED: STARTING NO. _____ ENDING NO. _____

PLEASE RETURN RECEIPT BOOK

CASH TOTAL	\$ _____
CHECK TOTAL	\$ _____
CREDIT CARD TOTAL	\$ _____
TOTAL	\$ _____

RESPONSIBLE BROTHER: _____ (SIGNED) _____ (DATE)
_____ (NAME PRINTED)

RECEIVED BY FS: _____ (SIGNED) _____ (DATE)

FRATERNAL ACTIVITY REPORT:

BROTHER'S NAME: _____	NUMBER OF HOURS: _____
BROTHER'S NAME: _____	NUMBER OF HOURS: _____
BROTHER'S NAME: _____	NUMBER OF HOURS: _____
BROTHER'S NAME: _____	NUMBER OF HOURS: _____
BROTHER'S NAME: _____	NUMBER OF HOURS: _____