GRAND COUNCIL OF KENTUCKY
ROYAL AND SELECT MASTERS

GRAND COUNCIL EXPENSE VOUCHER

COUNCIL NAME AND NUMBER	LOCATION	INSP / SCH OF INST DATE	DISTANCE (ROUND TRIP)

TOTAL DISTANCE: _____

ARCH_____ **ARCH DEPUTY NAME (please print)**_____

(SIGNATURE)_____

Expenses will be allowed for TWO round trips for each Council. Please calculate the distance from your home Council to the Council to be inspected.
Include mileage to the Grand Session round trip from your home Council..
After completion of all inspections, return this completed form to the CHIEF ARCH DEPUTY with the inspection forms.

CHIEF ARCH DEPUTY SIGNATURE _____