Knights of Columbus
California State Council
State Per Capita Billing Adjustment Form

Council City: _____ Council #: _____

Info of Member Completing this Adjustment Form:	
Name:	Title:
Email Address:	Phone#:

Valid Reasons for Adjustment:

Priest	(Pr)	Honorary Life	(HL)
Seminarian	(Sem)	Active Military	(Mil)
Deacon	(Dcn)		

Member Number	Member Last Name	Reason for Adjustment	$ Amount

Total of Adjustments	A	
Statement Total	B	
Payment Total	B-A	