

# KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL

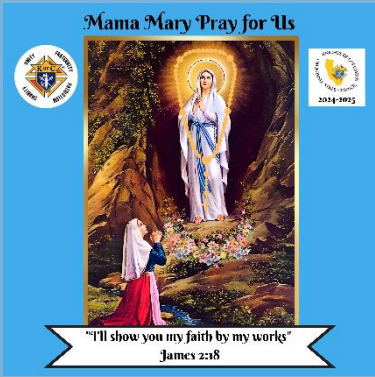


## 2024-2025 DISTRICT DEPUTY Organizational Meeting

July 2024

Visalia Marriott at the Convention Center

***I Will Show My Faith Through My Works!  
Mother Mary Pray For Us***

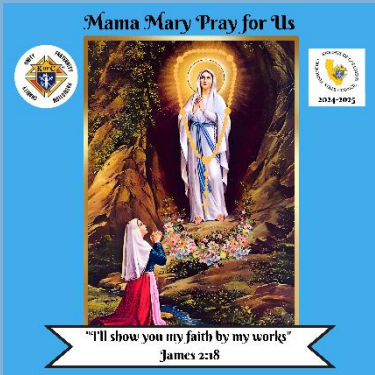


# KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



## COUNCIL PER CAPITA GUIDANCE

- Council Per Capita based on the budget approved at the Annual Meeting in May
- Per Capita at \$13.00 per member per approved budget
- Per Capita will be calculated based on
  - **July 1, 2024 council roster**



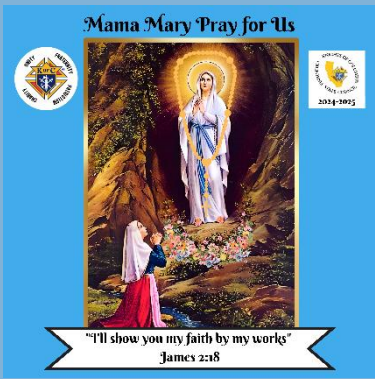
# KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



## COUNCIL PER CAPITA GUIDANCE

So what does the Per Capita Pays for:

- Council and Member Incentives
- Attendance at State Council Annual Meeting
- State Council Awards
- Training for Council Officers
- Financial Secretary training
- District Deputy training



# KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL

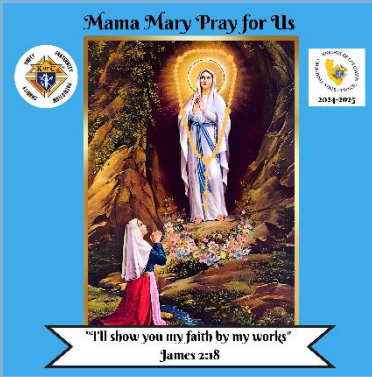


## COUNCIL PER CAPITA GUIDANCE

What if we can't pay?

Councils seeking forgiveness of present or past State Council per capita billing must submit a request in writing to the State Secretary explaining the need and attaching two recent semi-annual audit reports and two months of the Council's bank statements.

***I Will Show My Faith Through My Works!  
Mother Mary Pray For Us***



# KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



## DISTRICT DEPUTY EXPENSE REPORTS

- Attendance at DD Meetings in July and January.
  - Attendance at Council meetings within your District
  - New Council Development or Reactivation work— it should be noted on the expense form as NCD or Council Reactivation
- Must use **Form 267DD** which is found on the Supreme Website under DD Forms
  - It must be filled out, signed, scanned and sent to the State Deputy, and a copy to the State Office

**Knights of Columbus**  
Expense Account of District Deputy or Conferring Officer

| Date          | Event | From | To | Proposed Council Number | Amount of Trip Expense | Transportation of 20 per mile | Meals | Travel | Other | Total |
|---------------|-------|------|----|-------------------------|------------------------|-------------------------------|-------|--------|-------|-------|
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
|               |       |      |    |                         |                        |                               |       |        |       |       |
| <b>TOTALS</b> |       |      |    |                         |                        | 0.00                          | 0.00  | 0.00   | 0.00  | 0.00  |

\*Receipts are required for all items

I hereby certify the foregoing to be a true and correct statement of expenses incurred by me.

Approved by \_\_\_\_\_  
(State Deputy)

\_\_\_\_\_  
(Date)

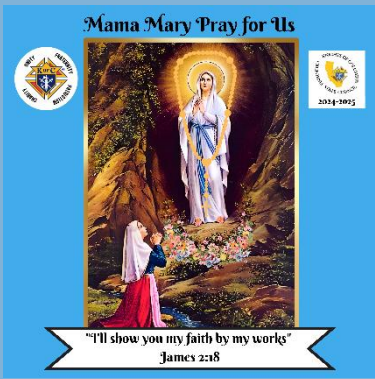
Signature \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Membership Number \_\_\_\_\_ District Number \_\_\_\_\_



# KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



## DESTRIC DEPUTY EXPENSE REPORTS

- Once approved by the State Deputy the District Deputy Expense Reports submitted on **Supreme Form 267DD** will then be submitted by the State Council to the Supreme Council for reimbursement to the District Deputy.
- The State Council will not be reimbursing in lieu of the Supreme Council this year.
- The District Deputy will receive a check directly from the Supreme Council.





# KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



## DISTRICT DEPUTY EXPENSE REPORTS

- Round trip mileage at the rate of \$.30 per mile for actual mileage traveled – **Supreme rate**
- Hotel charges for the July and Mid-year DD meeting must be supported by a copy of an itemized bill
- Expenses incurred by District Deputies in **New Council Development** or Reactivation work will also be reimbursed – it should be noted on the expense form as NCD or Council Reactivation
- Any travel expenses outside of district must be preapproved (preferably by e-mail) by the State Deputy. Travel needs to be listed on **Committeemen expense form, rate \$.28**
- During an installation or conferring ceremony expenses of the warden are limited to meals and are reportable on the district deputy expense account.



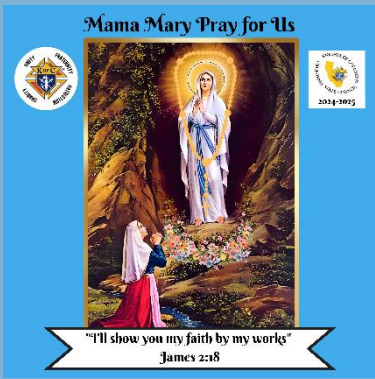
# KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



## DISTRICT DEPUTY EXPENSE REPORTS

- For this meeting – wife's allowance of \$35 per day when provided with a copy of an additional banquet ticket
- Two days have been preauthorized both Friday and Saturday
- Reimbursement for Chapter travel must be preapproved
  - (preferably by e-mail) by the State Deputy and submitted on a State Committee man Expense Form at
  - Standard state rates, Breakfast \$6, Lunch \$8, Dinner \$10 & \$.28 mile
  - [state.deputy@californiaknights.org](mailto:state.deputy@californiaknights.org) &  
[state.office@californiaknights.org](mailto:state.office@californiaknights.org)





# KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL

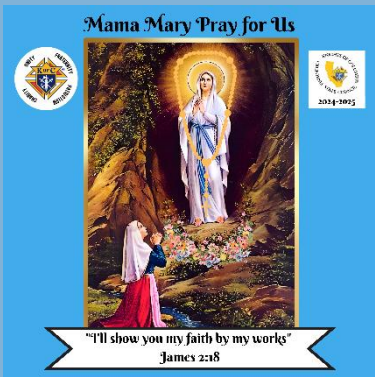


## STATE COMMITTEEMEN EXPENSE REPORTS

- Must use **State Expense Form** which is found on the State Council Website - **FORMS**
- It must be filled out, **signed, scanned,** and sent to the respective **Director for approval** then to State Secretary for final approval and processing

| CALIFORNIA STATE COUNCIL - KNIGHTS OF COLUMBUS<br>EXPENSE ACCOUNT   |      |    |         |                  |   |      |       |       |       |
|---|------|----|---------|------------------|---|------|-------|-------|-------|
| COMMITTEE: _____  |      |    |         |                  | PERIOD: _____   |      |       |       |       |
| DATE  | FROM | TO | PURPOSE | ROUND TRIP MILES | TRANS @ .28 per MILE  | ROOM | MEALS | MISC. | TOTAL |
|   |      |    |         |                  |   |      |       |       |       |
|   |      |    |         |                  |   |      |       |       |       |
|   |      |    |         |                  |   |      |       |       |       |
|   |      |    |         |                  |   |      |       |       |       |
|   |      |    |         |                  |   |      |       |       |       |
|   |      |    |         |                  |   |      |       |       |       |
|   |      |    |         |                  |   |      |       |       |       |
|   |      |    |         |                  |   |      |       |       |       |
|   |      |    |         |                  |   |      |       |       |       |
| TOTAL   |      |    |         |                  |   |      |       |       |       |
| TOTAL SHEET   |      |    |         |                  |   |      |       |       |       |
| <b>DO NOT WRITE IN THIS SPACE</b>                                   |      |    |         |                  |   |      |       |       |       |
| Warrior & Check No. _____ Date _____ Amount _____                   |      |    |         |                  | I hereby certify the foregoing to be a true and correct statement of my expenses. |      |       |       |       |
| Approved By _____ Date _____  |      |    |         |                  | Signature: _____ Date: _____  |      |       |       |       |
| State Secretary   |      |    |         |                  | Phone: _____  |      |       |       |       |
| By _____ Date _____   |      |    |         |                  | Address: _____  |      |       |       |       |
| State Deputy  |      |    |         |                  | City: _____ Zip Code _____  |      |       |       |       |
| Register Number _____ State Office Accounting Charge to Acct. _____ |      |    |         |                  | Approved by _____ Date _____  |      |       |       |       |
|   |      |    |         |                  | Revised 8/7/10 RP/W   |      |       |       |       |

***I Will Show My Faith Through My Works!  
Mother Mary Pray For Us***



# KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



## STATE COMMITTEEMEN EXPENSE REPORTS

- Travel of \$.28 per mile round trip – mileage or actual airfare whichever is less
- Hotel charges supported by a copy of an itemized bill
- Meal Allowance (no alcohol)
  - Breakfast – \$6.00
  - Lunch – \$8.00
  - Dinner – \$10.00
  - Exceptions – lunch & banquet at DD meetings (with receipts)

***I Will Show My Faith Through My Works!  
Mother Mary Pray For Us***



# KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL

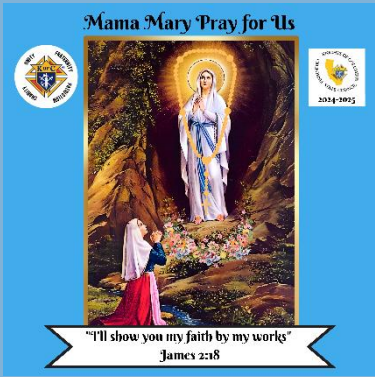


## STATE COMMITTEEMEN EXPENSE REPORTS

- Expense reports should be submitted monthly – no less often than quarterly
- Expense reports need to be accurate and legible
- All receipts need to be attached to your expense report
- Expense reports for Chapter Presidents and District Mentors should be submitted to the State Warden at:

**[state.warden@californiaknights.org](mailto:state.warden@californiaknights.org)**

***I Will Show My Faith Through My Works!  
Mother Mary Pray For Us***



# KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



# ANY QUESTIONS?

***I Will Show My Faith Through My Works!  
Mother Mary Pray For Us***