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:

Active Military (Mil)
Seminarian (Sem)
Deacon (Dcn)

Member Number	Member Last Name	Reason for Adjustment	$ Amount

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