



Kairos Check Request Form

ADMINISTRATIVE: General Office / Administrative Expenses

Advisory Council: Kairos of Texas Weekend #: N/A Weekend Dates: N/A
Payee: Submission Date:
Address: Phone:
City, State, Zip: Email:

A check is requested for the following expenses, as supported by the attached itemized receipts and other documentation.

Is this a reimbursement? [] Y... [] NO <--check one If NO, attach vendor invoice / bill so a check can be issued If YES, attach all receipts

Was an advance received? [] Y... [] NO <--check one enter amount--> \$

ADMINISTRATIVE EXPENSES:

DESCRIPTION:

Table with columns for Expense Name, Amount, and Description. Includes rows for Computer & Software Expenses, Web Solutions Expense, Dues / Subscriptions, Advisory Council Meetings, State Chapter Committee Meetings, Office Supplies, Postage, ACT Expenses (Meals for Training, Travel/Meals, Venue Expenses), Conference Registration Fees, Conference Travel/Meals Expenses, and Other (Describe). Total Expenses and Less Cash Advance are highlighted in yellow.

Negative Difference? Please reimburse the unused funds within 30 days of the quarterly meeting.

Submitted by: Signature of individual seeking reimbursement Electronic signatures are acceptable / attach email approval

Approved by: KOT - Financial Secretary Electronic signatures are acceptable / attach email approval

ATTACH ITEMIZED RECEIPTS AND ALL RELATED PROOF OF EXPENSES

Send Approved form and all related documentation to: State Financial Secretary