



# Kairos Check Request Form

## INTERMINISTRY | OTHER PURPOSES CHECK REQUEST

Advisory \_\_\_\_\_ WK # \_\_\_\_\_ WK \_\_\_\_\_

Payee: \_\_\_\_\_ Submission \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, \_\_\_\_\_ Phone: \_\_\_\_\_

Zip \_\_\_\_\_

Is this a reimbursement?	Type (Yes or No)	If NO, attach vendor invoice. If YES, attach itemized receipts.	
Was an advance received?	Type (Yes or No)	\$ _____	If YES, enter amount of advance

### INTERMINISTRY CHECK REQUEST

### EXPLANATION

AKT Registration	\$ _____	_____
Blessing to Another Kairos Group	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

### OTHER PURPOSES

### EXPLANATION

Facility Deposit for venue	\$ _____	_____
Prepaid Expenses	\$ _____	_____
Trailer (Over \$1500)	\$ _____	_____
Equipment (Over \$1500)	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

<b>Total Expenses:</b>	\$ _____	<b>ATTACH ITEMIZED RECEIPTS AND ALL RELATED PROOF OF EXPENSES</b>
<b>Less Cash Advance:</b>	\$ _____	
<b>Difference</b>	\$ _____	

Submitted by: \_\_\_\_\_ (Person Seeking Payment)

Approved by: \_\_\_\_\_ (AC Kairos Donor Coor / ACFS Model 2)

Electronic signatures are acceptable / attach email approval

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