



Kairos Check Request Form

ADMINISTRATIVE: General Office / Administrative Expenses

Advisory _____ WK # _____ WK _____

Payee: _____ Submission Date: _____

Address: _____ Email: _____

City, State, _____ Phone: _____

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

ADMINISTRATIVE EXPENSES:

DESCRIPTION:

Computer & Software Expenses	\$ _____	_____
Web Solutions Expense	\$ _____	_____
Dues / Subscriptions	\$ _____	_____
Advisory Council Meetings	\$ _____	_____
State Chapter Committee Meetings	\$ _____	_____
Mileage to SCC Meetings	\$ _____	_____
Office Supplies (ink, pens, paper)	\$ _____	_____
Postage (IRS letters, admin)	\$ _____	_____
ACT Expenses - Meals for Training	\$ _____	_____
ACT Expenses - Travel/Meals	\$ _____	_____
ACT Expenses - Venue Expenses	\$ _____	_____
Annual Conf Mileage	\$ _____	_____
Annual Conf Reg Fees	\$ _____	_____
Travel & Meals Exp	\$ _____	_____
Volunteer Appreciation	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	_____

Total Expenses:	\$	0.00	ATTACH ITEMIZED RECEIPTS AND ALL RELATED PROOF OF EXPENSES
Less Cash Advance:	\$	0.00	
Difference	\$	0.00	

Submitted by: _____ (Person Seeking Payment)

Approved by: _____ (AC Kairos Donor Coord / ACFS Model 2)

Electronic signatures are acceptable / attach email approval

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