

# Cash Advance Request Form



State Chapter: \_\_\_\_\_

Advisory Council: \_\_\_\_\_

Purpose of Advance: \_\_\_\_\_

Weekend #: \_\_\_\_\_

Weekend Dates: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

*\*\*SFS: Does the Advisory Council have the revenue to cover the advance? (Y/N)*

Recipient of Advance:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, ST ZIP CODE: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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

Amount of Advance: \_\_\_\_\_ Due Date: \_\_\_\_\_

*By receiving this advance, I understand and commit that the funds will be used for Kairos purposes. I understand that I must account for the user of these funds and will submit itemized receipts and remit them with the Check Request Form by the date indicated. I will promptly return any unused funds with the paperwork to clear the advance. I understand that improper use of funds puts Kairos at risk and appropriate action may be taken by Kairos.*

\_\_\_\_\_  
Recipient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisory Council KairosDonor Coordinator's Signature

*(Advisory Council Financial Secretary in Model 2 State)*

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

\_\_\_\_\_  
State Financial Secretary's Signature

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