



Kairos Check Request Form

FUNDRAISING: Fundraising and Recruitment Expenses*

* IRS Code requires Expenses for Recruitment for Volunteers be classified as Fundraising Expenses

Advisory Council: _____ Weekend #: _____ Weekend Dates: _____
 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? <input type="checkbox"/> YE <input type="checkbox"/> NO <--check one	If NO, attach vendor invoice / bill so a check can be issued If YES, attach all receipts
Was an advance received? <input type="checkbox"/> YE <input type="checkbox"/> NO <--check one enter amount-->	\$ 0.00

FUNDRAISING AND VOLUNTEER RECRUITMENT EXPENSES

DESCRIPTION:

Meal Appeal - Printing Expenses	\$	_____	_____
Meal Appeal - Postage	\$	_____	_____
Fundraising Computer / Software Exp	\$	_____	_____
Fundraising Event Expenses	\$	_____	_____
Marketing: Advertising	\$	_____	_____
Marketing: Promotional Events	\$	_____	_____
Marketing: Promotional Items	\$	_____	_____
Marketing: Promotional Postage	\$	_____	_____
Marketing: Promotional Web Exp	\$	_____	_____
PO Box Rental	\$	_____	_____
Postage for fundraising letters	\$	_____	_____
Other (Describe)	\$	_____	_____
Other (Describe)	\$	_____	_____
Other (Describe)	\$	_____	_____
Total Expenses:	\$	0.00	
Less Cash Advance:	\$	0.00	
Difference	\$	0.00	

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

Positive Difference? Do you wish to donate your reimbursement as a Gift In Kind? YES NO (check one)
(If you do not wish to donate your reimbursement, a check will be issued for the difference.)

Submitted by: _____ Electronic signatures are acceptable / attach email approval
signed by person seeking reimbursement

Approved by: _____ Electronic signatures are acceptable / attach email approval
AC KairosDonor Coor (Model 1) or AC Financial Secretary (Model 2)

ATTACH ITEMIZED RECEIPTS AND ALL RELATED PROOF OF EXPENSES
Send Approved form and all related documentation to: **State Financial Secretary**