



Kairos Check Request Form

PROGRAM: Training, Marketing, Weekend, and Post Weekend 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? YES NO --check one

If NO, attach vendor invoice / bill so a check can be issued
If YES, attach all receipts

Was an advance received? YES NO --check one
enter amount----> \$ 0.00

WEEKEND EXPENSES **DESCRIPTION:**

Agape Expenses	\$ _____	_____
Badges	\$ _____	_____
Decorations	\$ _____	_____
Equipment Rental	\$ _____	_____
Housing/Facility Rental	\$ _____	_____
Insurance	\$ _____	_____
Meals/Food	\$ _____	_____
Pictures/Photos	\$ _____	_____
Postage - Program	\$ _____	_____
Printing/Copies	\$ _____	_____
Promotion/Mailings for Program	\$ _____	_____
Supplies/Paper Products	\$ _____	_____
Travel	\$ _____	_____
Vehicle/Trailer Rental	\$ _____	_____
Vehicle/Trailer Rental Gas	\$ _____	_____
Other (Describe)	\$ _____	_____
Other (Describe)	\$ _____	_____

POST WEEKEND EXPENSES

One & Two Day Retreat	\$ _____	_____
Prayer & Share	\$ _____	_____
Reunion	\$ _____	_____
Other (Describe)	\$ _____	_____

TRAINING EXPENSES

AKT Travel & Meals	\$ _____	_____
AKT Supplies / Other	\$ _____	_____
Torch 101 Travel & Meals	\$ _____	_____
Torch 101 Supplies / Other	\$ _____	_____

MARKETING EXPENSES

Advertising	\$ _____	_____
Marketing/Promo Materials	\$ _____	_____
Newsletter / Postage	\$ _____	_____
Web Expenses	\$ _____	_____

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**