

Kairos Check Request Form - Other Purposes

2021



Interministry (Blessings, AKT Registrations) / Other Purposes

Advisory Council: _____ WK # _____ WK _____
 Payee: _____ Submission Date: _____
 Address: _____ Email: _____
 City, State, Zip: _____ Phone: _____

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

INTERMINISTRY CHECK REQUEST

DESCRIPTION:

AKT Registration	\$ _____	_____
Blessing to Another Kairos Entity	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	_____

OTHER PURPOSES

DESCRIPTION:

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

Prisoner to Prisoner (Ohio Only)

Postage	\$ _____	_____
Printing	\$ _____	_____
Supplies & Other	\$ _____	_____
Telephone	\$ _____	_____

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

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
 TX only send to: Advisory Council Financial Secretary