

Kairos Check Request Form - Administrative Expenses

2021



General Office / Administrative Expenses

Advisory Council: _____ **WK #** _____ **WK** _____
Payee: _____ **Submission Date:** _____
Address: _____ **Email:** _____
City, State, Zip: _____ **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 - Mileage	\$ _____	
ACT Expenses - Travel/Meals	\$ _____	
ACT Expenses - Venue Expenses	\$ _____	
Volunteer Appreciation	\$ _____	
Other _____	\$ _____	
Other _____	\$ _____	

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

Submitted by: _____ *(Person Seeking Payment)*

Approved by: _____ *(AC KairosDonor 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