

# Kairos Check Request Form - Program Expenses

**2022**



## Weekend, Post-Weekend, and AKT Travel Expenses

**Advisory Council:** \_\_\_\_\_ **WK #** \_\_\_\_\_ **WK Dates:** \_\_\_\_\_  
**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.
<b>Was an advance received?</b>	<b>Type (Yes or No)</b>	<b>\$</b> _____ <b>If YES, enter amount of advance</b>

**WEEKEND EXPENSES** **DESCRIPTION:**

Agape	\$	_____	_____
Badges	\$	_____	_____
Computers   Equipment	\$	_____	_____
Decorations	\$	_____	_____
Equipment Rental	\$	_____	_____
Flowers	\$	_____	_____
Gift to Church - no facility bill	\$	_____	_____
Housing/Facility Rental	\$	_____	_____
Meals/Food	\$	_____	_____
Meetings - Team Formation	\$	_____	_____
Pictures/Photos	\$	_____	_____
Postage - Program	\$	_____	_____
Printing/Copies	\$	_____	_____
Program Materials	\$	_____	_____
Storage Space Rental	\$	_____	_____
Supplies/Paper Products	\$	_____	_____
Vehicle/Trailer Rental	\$	_____	_____
Vehicle/Trailer Rental Gas	\$	_____	_____
Other (Describe)	\$	_____	_____

**POST WEEKEND EXPENSES**

One & Two Day Retreat	\$	_____	_____
Reunion Expenses	\$	_____	_____
Weekly Mentoring Expenses	\$	_____	_____
Weekly Prayer & Share Expenses	\$	_____	_____

**TRAINING EXPENSES**

Annual Conf Mileage	\$	_____	_____
Annual Conf Registration Fees	\$	_____	_____
Annual Conf Travel & Meals Exp	\$	_____	_____
AKT Travel & Meals	\$	_____	_____
AKT Supplies / Other	\$	_____	_____
AKT Mileage	\$	_____	_____

**MARKETING EXPENSES**

Marketing/Promo Materials	\$	_____	_____
Newsletter	\$	_____	_____
Postage for Newsletters	\$	_____	_____

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

Submitted by: \_\_\_\_\_ (Person Seeking Payment)

Approved by: \_\_\_\_\_ (AC Kairos Donor Coord / 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