



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  
If YES, attach all receipts

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

WEEKEND EXPENSES

DESCRIPTION:

Table with columns for expense type, amount, and description. Includes items like Agape Expenses, Badges, Decorations, etc.

POST WEEKEND EXPENSES

Table with columns for expense type, amount, and description. Includes items like One & Two Day Retreat, Prayer & Share, etc.

TRAINING EXPENSES

Table with columns for expense type, amount, and description. Includes items like AKT Travel & Meals, AKT Supplies / Other, etc.

MARKETING EXPENSES

Table with columns for expense type, amount, and description. Includes items like Advertising, Marketing/Promo Materials, etc.

Total Expenses: \$ \_\_\_\_\_

Less Cash Advance: \$ \_\_\_\_\_

Difference \$ \_\_\_\_\_

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

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: Assistant State Financial Secretary





**Kairos Check Request Form**  
**ADMINISTRATIVE: General Office / Administrative 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--> \$

**ADMINISTRATIVE EXPENSES:**

**DESCRIPTION:**

Computer & Software Expenses	\$	_____
Web Solutions Expense	\$	_____
Dues / Subscriptions	\$	_____
Advisory Council Meetings	\$	_____
State Chapter Committee Meetings	\$	_____
Office Supplies (ink, pens, paper)	\$	_____
Postage (IRS letters, receipts, admin)	\$	_____
ACT Expenses - Meals for Training	\$	_____
ACT Expenses - Travel/Meals	\$	_____
ACT Expenses - Venue Expenses	\$	_____
Conference Registration Fees	\$	_____
Conference Travel/Meals Expenses	\$	_____
Other (Describe)	\$	_____
Other (Describe)	\$	_____
Other (Describe)	\$	_____

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**Total Expenses:** \$ \_\_\_\_\_

**Less Cash Advance:** \$ \_\_\_\_\_

**Difference** \$ \_\_\_\_\_

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

**Submitted by:** \_\_\_\_\_ signed by person seeking reimbursement Electronic signatures are acceptable / attach email approval

**Approved by:** \_\_\_\_\_ AC Kairos Donor Coord (Model 1) or AC Financial Secretary (Model 2) Electronic signatures are acceptable / attach email approval

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**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?  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--> \$

**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)	\$	_____

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Total Expenses: \$ \_\_\_\_\_

Less Cash Advance: \$ \_\_\_\_\_

Difference \$ \_\_\_\_\_

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

Submitted by: \_\_\_\_\_  
signed by person seeking reimbursement

Electronic signatures are acceptable / attach email approval

Approved by: \_\_\_\_\_  
AC Kairos Donor Coor (Model 1) or AC Financial Secretary (Model 2)

Electronic signatures are acceptable / attach email approval

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Send Approved form and all related documentation to: **Assistant State Financial Secretary**