



Kairos (Georgia) Expense Reimbursement

This form is for Weekend and Post Weekend Expenses (Program)

ADVISORY COUNCIL _____

Weekend # _____ Date of Weekend: _____

Reimburse to: _____ Submission Date: _____

Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

Reimbursement is hereby requested for the following expenses, as supported by the attached itemized receipts and other documentation

Was an advance received? **Y** **N** (circle one) \$ _____

WEEKEND EXPENSES

- 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 Rental \$ _____
- Vehicle Rental Gas \$ _____
- Other (Describe) \$ _____

POST WEEKEND EXPENSES

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

Total Expenses: \$ _____ 0.00

Less Cash Advance: \$ _____ 0.00

Difference \$ _____ 0.00

Negative Difference? Please issue a check to Kairos for the reimbursement of unused funds.

Positive Difference? Do you want to donate your reimbursement as a Gift In Kind? **Y or N** (circle one)
(If you do not wish to donate your reimbursement, we will issue you a check for the difference)

Submitted by: _____

Approved by: _____

Advisory Council Financial Secretary

Electronic signatures are acceptable or attach email approval.

Mail or E-Mail to: **Walter Straham**
Kairos Georgia Financial Secretary
10945 State Bridge Rd Suite 401-164
Alpharetta, GA 30022
finsec@kairosgeorgia.org

ATTACH ITEMIZED RECEIPTS AND OTHER TYPES OF DOCUMENTATION (Tape individually to 8.5x11 sheet of paper)

Note: Scan receipts will not be processed.