

# Kairos Check Request Form - Administrative Expenses

**2019**



## General Office / Administrative Expenses

Advisory Council: SCC WK # \_\_\_\_\_ WK \_\_\_\_\_  
 Payee: Your Name Submission Date: Date submitted  
 Address: Your Address Email: Your email address  
 City, State, Zip: Your city, State, Zip Phone: Your Phone number

Is this a reimbursement?	Yes	If NO, attach vendor invoice. If YES, attach itemized receipts.
Was an advance received?	No	\$ <u>Enter 0</u> - 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	\$ 147.78	i.e Round trip (184.72 * 2 * 0.4) <u>Miles 2 x 0.4</u>
Office Supplies (ink, pens, paper)	\$ _____	
Postage (IRS letters, admin)	\$ _____	
ACT Expenses - Meals for Training	\$ _____	
ACT Expenses - Travel/Meals	\$ _____	
ACT Expenses - Venue Expenses	\$ _____	
Annual Conf Mileage	\$ _____	
Annual Conf Reg Fees	\$ _____	
Travel & Meals Exp	\$ _____	
Volunteer Appreciation	\$ _____	
Other _____	\$ _____	
Other _____	\$ _____	

<b>Total Expenses:</b>	<b>\$ 147.78</b>	<b>ATTACH ITEMIZED RECEIPTS AND ALL RELATED PROOF OF EXPENSES</b>
Less Cash Advance:	\$ _____	
<b>Difference</b>	<b>\$ 147.78</b>	

Submitted by: Enter your name (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**  
 CA/TX only send to: Advisory Council Financial Secretary