

General Office / Administrative Expenses

Advisory Council: SCC GA		WK#_			WK Submission Date: mm/dd/yr	
Payee: Name						
Address: 100 Ac			Email: en	nail@email.com		
City, State, Zip: City, GA 12345				Phone:		
s this a reimbursement? Type (Yes or No)		-	If NO, attach vendor invo			
Was an advance received?	Type (Yes or No)	\$		If YES, enter an	nount of advance	
ADMINISTRATIVE EXPENSES:			DE	SCRIPTION:		
Computer & Software Expenses		\$. <u> </u>		
Web Solutions Exper	Web Solutions Expense					
Dues / Subscriptions		\$		<u> </u>		
Advisory Council Me	etings	\$				
State Chapter Committee Meetings		\$	50.83	Mi	les X 2 X \$0.30 (84.72*2*\$0.30)	
Mileage to SCC Meetings		\$		<u> </u>		
Office Supplies (ink, pens, paper)		\$				
Postage (IRS letters, admin)		\$				
ACT Expenses - Meal	s for Training	\$				
ACT Expenses - Milea	age	\$				
ACT Expenses - Trave	el/Meals	\$		·		
ACT Expenses - Venu	ie Expenses	\$		·		
Volunteer Appreciati	ion	\$		<u>-</u>		
Other		\$ <u></u>		<u> </u>		
Other		\$		· <u> </u>		
Total Expenses:		\$	50.83	ΛΤΤΛΟΗΙ	TEMIZED RECEIPTS AND ALL	
Less Cash Advance	Less Cash Advance:			DELATED DROOF OF EVDENCES		
Difference		\$	50.83	RELATED PROOF OF EXPENSES		
Submitted by: Enter		r Name		(Person Seeking Payment)		
Approved by: Signed		y Approver		(AC KairosDonor Coor / ACFS Model 2)		
Electronic signatures are acceptable / attach email approval						
send approved	form and all re	elated documer	ntation to	o: STATE FINA	ANCIAL SECRETARY	
	TY only son	d to: Advisory Cou	uncil Finar	ncial Secretary		