

INTRODUCTION

Please note :

There are four tabs in this Excel document.

Be sure to select the correct one for your purposes.

Program	for all weekend expenses including post weekend expenses (Reunions, One & Two Day Retreats, Prayer & Share, and Mentoring) AKT Travel / Meals and Annual Conference Expenses also use this form
Administrative	for items that apply toward operating the Advisory Council or State Chapter including: office supplies, stamps, ACT travel and related expenses
Fundraising	for recording expenses related to any and all mail appeals, fundraising endeavors, recruitment events, and PO Box rentals
Interministry Other Checks	for AKT Registration checks sent to other Kairos entities, for sending blessing checks to other Kairos entities, for facility deposits, prepaid expenses, and depreciable asset purchasing

Kairos Check Request Form - Program Expenses

2026



Weekend, Post-Weekend, and AKT Travel Expenses

Advisory Council: _____ WK # _____ WK Dates: _____
 Payee: _____ Submission Date: _____
 Address: _____ Email: _____
 City, State, Zip: _____ Phone: _____

Requested form of Payment (Circle One): CHECK DIRECT DEPOSIT

Is this a reimbursement?	Type (Yes or No)		If NO, attach vendor invoice. If YES, attach itemized receipts.
Was an advance received?	Type (Yes or No)	\$	If YES, enter amount of advance
WEEKEND EXPENSES	TOTAL DUE		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	\$	_____	_____
Total Expenses:	\$	_____	ATTACH ITEMIZED RECEIPTS AND ALL RELATED PROOF OF EXPENSES
Less Cash Advance:	\$	_____	
Difference	\$	_____	

Submitted by: _____ (Person Seeking Payment)

Approved by: _____ (AC KairosDonor Coordinator)

Electronic signatures are acceptable / attach email approval

Send approved form and all related documentation to: STATE FINANCIAL SECRETARY

Kairos Check Request Form - Administrative Expenses

2026



General Office / Administrative Expenses

Advisory Council: _____ **WK #** _____ **WK** _____
Payee: _____ **Submission Date:** _____
Address: _____ **Email:** _____
City, State, Zip: _____ **Phone:** _____

Requested form of Payment (Circle One): **CHECK** **DIRECT DEPOSIT**

Is this a reimbursement?	Type (Yes or No)	If NO, attach vendor invoice. If YES, attach itemized receipts.	
Was an advance received?	Type (Yes or No)	\$ _____	If YES, enter amount of advance

ADMINISTRATIVE EXPENSES:	TOTAL DUE	DESCRIPTION:
Computer & Software Expenses	\$ _____	_____
Web Solutions Expense	\$ _____	_____
Dues / Subscriptions	\$ _____	_____
Advisory Council Meetings	\$ _____	_____
State Chapter Committee Meetings	\$ _____	_____
Mileage to SCC Meetings	\$ _____	_____
Office Supplies (ink, pens, paper)	\$ _____	_____
Postage (IRS letters, admin)	\$ _____	_____
ACT Expenses - Meals for Training	\$ _____	_____
ACT Expenses - Mileage	\$ _____	_____
ACT Expenses - Travel/Meals	\$ _____	_____
ACT Expenses - Venue Expenses	\$ _____	_____
Volunteer Appreciation	\$ _____	_____
Other <u>EC Name Badges</u>	\$ _____	_____
Other _____	\$ _____	_____

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

Submitted by: _____ *(Person Seeking Payment)*
Approved by: _____ *(AC KairosDonor Coordinator)*

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Kairos Check Request Form - Fundraising Expenses

2026



Fundraising and Recruitment Expenses*

** IRS regulations require expenses for recruiting volunteers be classified as fundraising expenses*

Advisory Council: _____ **WK #** _____ **WK** _____
Payee: _____ **Submission Date:** _____
Address: _____ **Email:** _____
City, State, Zip: _____ **Phone:** _____

Requested form of Payment (Circle One): **CHECK** **DIRECT DEPOSIT**

Is this a reimbursement?	Type <small>(Yes or No)</small>	If NO, attach vendor invoice. If YES, attach itemized receipts.
Was an advance received?	Type <small>(Yes or No)</small>	\$ _____ If YES, enter amount of advance

FUNDRAISING AND VOLUNTEER RECRUITMENT EXPENSES	TOTAL DUE	DESCRIPTION:
Mail Appeal - Printing Expenses	\$ _____	_____
Mail Appeal - Postage	\$ _____	_____
Fundraising Computer / Software Exp	\$ _____	_____
Fundraising Event Expenses	\$ _____	_____
Marketing: Advertising	\$ _____	_____
Marketing Events	\$ _____	_____
Marketing/Promotional Materials	\$ _____	_____
Post Office Box Rental	\$ _____	_____
Postage for fundraising letters	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	_____

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

Submitted by: _____ *(Person Seeking Payment)*
Approved by: _____ *(AC KairosDonor Coordinator)*

Electronic signatures are acceptable / attach email approval

Send approved form and all related documentation to: STATE FINANCIAL SECRETARY

Kairos Check Request Form - Other Purposes

2026



Interministry (Blessings, AKT Registrations) / Other Purposes

Advisory Council: _____ WK # _____ WK _____
 Payee: _____ Submission Date: _____
 Address: _____ Email: _____
 City, State, Zip: _____ Phone: _____

Requested form of Payment (Circle One): **CHECK** **DIRECT DEPOSIT**

Is this a reimbursement?	Type <small>(Yes or No)</small>	If NO, attach vendor invoice.	
		If YES, attach itemized receipts.	
Was an advance received?	Type <small>(Yes or No)</small>	\$ _____	If YES, enter amount of advance

INTERMINISTRY CHECK REQUEST	TOTAL DUE 	DESCRIPTION:
AKT Registration	\$ _____	_____
Blessing to Another Kairos Entity	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	_____

OTHER PURPOSES		DESCRIPTION:
Facility Deposit for venue	\$ _____	_____
Prepaid Expenses	\$ _____	_____
Trailer (Over \$1500)	\$ _____	_____
Equipment (Over \$1500)	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	_____

Prisoner to Prisoner (Ohio Only)		
Postage	\$ _____	_____
Printing	\$ _____	_____
Supplies & Other	\$ _____	_____
Telephone	\$ _____	_____

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

Submitted by: _____ *(Person Seeking Payment)*
 Approved by: _____ *(AC Kairos Donor Coordinator)*

Electronic signatures are acceptable / attach email approval

Send approved form and all related documentation to: STATE FINANCIAL SECRETARY