Kairos Request for Cash Advance 2026

State Chapter: TEXAS

Advisory Council:

Purpose of Advance:

Weekend #:

Weekend Dates:

Amount Requested:

Recipient of Advance (Please print):

Name:

Home Address:

City, ST ZIP CODE:

Telephone number:

Email Address:

Amount of Advance:

Send by: (Circle One) **Check** **Direct Deposit**

Date Due to SFS:

The date due is calculated by adding 30 days from the last day of the weekend / event for which you need the funds. This MUST be completed and followed.

By receiving this advance, I understand and commit that the funds will be used for Kairos purposes. I understand that I must account for the use of these funds and will submit itemized receipts and remit them with the Check Request Form by the due date indicated. I will promptly return any unused funds with the paperwork to clear the advance by stated "Date Due to SFS." I understand that improper use of funds puts Kairos at risk and appropriate action may be taken by Kairos.

Recipient's Signature

Date signed:

Advisory Council KairosDonor Coordinator's Signature

Date signed:

- Do not write below this line -

State Financial Secretary: Does the Advisory Council have funds to cover the advance? **YES** ☐ **NO** ☐

State Financial Secretary's Signature

Date signed: