

Expense Reimbursement Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Kairos/Outside/Torch Weekend Event: _____

enclosed receipts

Food _____

Supplies _____

Housing _____

Photos _____

Travel _____

Registration Fees _____

Other (describe) _____

Other (describe) _____

Sub-Total _____

Less: Outstanding Advance _____

Total to be Reimburse/Returned* _____

** If difference is negative, attach a check for this amount. If the difference is positive, reimbursement will be made for this amount.*

Submitted by: _____
Signature

For Model 1 & Model 3 Advisory Councils only	_____
	Advisory Council Financial Secretary Signature

Mail Form To (Advisory Council Financial Secretary):