

KAIROS OF INDIANA- Advisory Council

EXPENSE REIMBURSEMENT FORM

Date: Date of Weekend : Weekend #

Name:

Address:

City: State: Zip Code:

Phone: E-mail:

Reimbursement is hereby requested for the following expenses, as supported by the enclosed receipts and/or other types of documentation: **REIMBURSEMENT MUST BE REQUESTED WITHIN 21 DAYS AFTER WEEKEND**

Food	\$	
Supplies	\$	
Housing	\$	
Photos	\$	
Travel	\$	
Registration Fee	\$	
Other (Describe)	\$	
	\$	
	\$	
Sub-Total		\$
-Advance		(-) \$

Total to be Reimbursed/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

Ad Council Financial Secretary approval: _____
Signature

Mail to: Jack Ellett
1815 Continental Drive
Zionsville, In. 46077
ellettkairos@indy.rr.com

ENCLOSE RECEIPTS AND/OR OTHER TYPES OF DOCUMENTATION