

Cash Advance Request Form

2019



State Chapter: _____

Advisory Council: _____

Purpose of Advance: _____

Weekend #: _____

Weekend Dates: _____

Amount Requested: _____

Date Needed: _____

***SFS: Does the Advisory Council have the revenue to cover the advance? (Y/N)*

Recipient of Advance:

Name: _____

Home Address: _____

City, ST ZIP CODE: _____

Telephone number: _____

Email Address: _____

Amount of Advance: _____

Remittance

Due Date: **(30 days after Weekend Close)**

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 date indicated. I will promptly return any unused funds with the paperwork to clear the advance. I understand that improper use of funds puts Kairos at risk and appropriate action may be taken by Kairos.

Recipient's Signature _____

Date _____

Advisory Council Kairos Donor Coordinator's Signature
(Advisory Council Financial Secretary in Model 2 State)

Date:

State Financial Secretary's Signature

Date: