

**Kairos of SC**

**Institution:** \_\_\_\_\_

**EXPENSE REIMBURSEMENT FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reimbursement is hereby requested for the following expenses, as supported by the enclosed receipts and/or other types of documentation:

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

**Mail to: Kairos of SC  
PO Box 6211  
Columbia, SC 29260**

**Send A Copy To Your Advisory Council's Financial Secretary**

**ENCLOSE RECEIPTS AND/OR OTHER TYPES OF DOCUMENTATION**