

**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:**  
Bill Leidel  
505 Thorington Court  
Greer, SC 29651

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

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