

KAIROS
OHIO STATE COMMITTEE
CASH REIMBURSEMENT VOUCHER

Date: _____

Reimbursement is hereby requested for the following expenses and is supported by the enclosed receipts and/or documentation.

Food _____
Supplies _____
Housing _____
Photos _____
Other _____

Total to be reimbursed: \$ _____

Submitted by: _____

Mail check to: _____

Authorized by: _____ _____ Date

_____ for _____
Title Advisory Council

*Advisory Council Financial Secretary needs a copy of this form.

Send this completed form to:
Ron Kuck, KOSCC Financial Secretary
2300 Home Road
Delaware, OH 43015
740-881-4131
rmk2300@columbus.rr.com