

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:
John Powers, KOSCC Financial Secretary
9999 Cottonwood Ct
Mentor, OH 44060
440-867-0929
johnpowerskairosohio@gmail.com