

KAIROS PRISON MINISTRY INTERNATIONAL, INC. KANSAS

State IEI Dorado IHutch ITopeka OEllsworth OWheat State TTorch
(Check or Circle Appropriate AC)

EXPENSE REIMBURSEMENT FORM

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ - _____ - _____ Email: _____

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

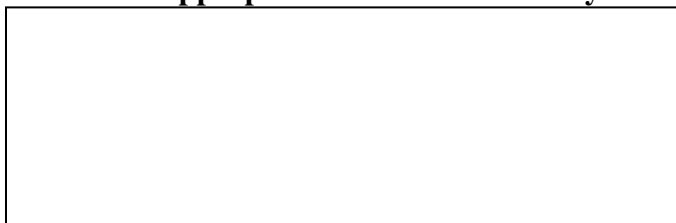
Food	\$	_____
Supplies	\$	_____
Housing	\$	_____
Photos	\$	_____
Travel	\$	_____
Registration Fee	\$	_____
Other (Describe)	\$	_____
	\$	_____
	\$	_____
Sub-Total	\$	_____
-Advance	(-) \$	_____

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: _____

Mail To Appropriate Financial Secretary:



IE	Eric Stanton
IH	Jim Corwin
IT	Gloria Holler
OE	Randy Gish
OW	Pamela Turkle
TT	Bruce Thompson
State	Denny Bender

ENCLOSE RECEIPTS AND/OR OTHER TYPES OF DOCUMENTATION