

KAIROS OHIO STATE COMMITTEE  
Cash Reimbursement Voucher

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

Reimbursement is hereby requested for the following expenses, as 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 copy of this form

Send this completed form to:  
Al Johnson, KOSCC Financial Secretary  
4373 Bump Road, Cable OH 43009  
[jam@main-net.com](mailto:jam@main-net.com)      937-465-3202