Kairos Request for Cash Advance 2026

State Chapter: _____

Advisory Council: _____

Purpose of Advance: _____

Weekend #: _____

Weekend Dates: _____

Amount Requested: _____

SFS: Does the Advisory Council have the revenue to cover the advance?* ***Yes ☐ ***No*** ☐

Recipient of Advance:

Name: _____

Home Address: _____

City, ST ZIP CODE: _____

Telephone number: _____

Email Address: _____

Amount of Advance: _____

Date Due to SFS _____

The date due is calculated by adding 30 days from the last day of the weekend / event for which you need the funds. This MUST be complete and followed.

By receiving this advance, I understand and commit that the funds will be used for Kairos purposes. I understand that I must account for the use of these funds and will submit itemized receipts and remit them with the Check Request Form by the due date indicated. I will promptly return any unused funds with the paperwork to clear the advance by stated "Date Due to SFS." I understand that improper use of funds puts Kairos at risk and appropriate action may be taken by Kairos.

_____ _____

Recipient's Signature Date signed:

_____ _____

Advisory Council KairosDonor Coordinator's Signature Date signed:

(Advisory Council Financial Secretary in Texas)

_____ _____

State Financial Secretary's Signature Date signed: