

# Golden State Kairos – Chino Institution for Men

## EXPENSE REIMBURSEMENT FORM

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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; \$ \_\_\_\_\_  Reimburse  Advance Returned

Gift in Kind (receipt will be provided)

\*If difference is negative, attach a check for this amount. If the difference is positive, reimbursement will be made for this amount.

Submitted by: \_\_\_\_\_  
(Signature)

**Mail to: Joe Lawson  
547 Rider Court  
Claremont, CA 91711**

**ENCLOSE RECEIPTS AND/OR OTHER TYPES OF DOCUMENTATION**