



# Society of St Vincent de Paul San Antonio

CONFERENCE NAME:

<b>Conference Treasurers Report</b> for the period from:		to	
<b>Last Month's Ending Balance (Required)</b>			
<b>Adjustment (Attach explanation for adjustment)</b>			
<b>Beginning Balance</b>			
<b>Receipts</b> <i>(Please use exact numbers, NOT rounded)</i>			
1	Donations from Members		
2	Church/Poor Box Collections		
3	Fund Raising - Special Events/Other		
4	Twinning		
5	Networking / Help Alert		
6	All Other SVdP Contributions Received		
7	Other – Qualified Government Grants Only		
8	Other - Disaster Funds		
9	Other - Capital Campaign Funds		
10	Other - Other Restricted Funds		
11	Other - Miscellaneous Receipts		
<b>Total Receipts:</b>			

<b>Expenses</b> <i>(Please use exact numbers, NOT rounded)</i>			<b># of People helped</b>
1	Those We Serve - Utility Assistance <i>(Include Amount and # of People Helped)</i>		
2	Those We Serve - Rent Assistance <i>(Include Amount and # of People Helped)</i>		
3	Those We Serve - Food Assistance		
4	Those We Serve - All Other		
5	Disaster Contributions		
6	Domestic Twinning		
7	International Twinning		
8	Annual National Dues		
9	Council Solidarity		
10	District Council Dues		
11	(Other) Contributions to Upper Councils		
12	Operating Expense - Special Events		
13	Operating Expense – Other <i>(rent/utilities/etc.)</i>		
14	Networking / Help Alert		
15	All Other Expenses <i>(Attach Explanation)</i>		
<b>Total Expenses</b>			

**This Month's Ending Balance:** *(Beginning Balance + Total Receipts – Total Expenses)*

### 2017 Conference Month-End Report

<p><b>Please be sure to attach the following:</b></p> <input type="checkbox"/> Reconciled Bank Statements <input type="checkbox"/> Copy of Detailed Transaction History / Check Register OR <input type="checkbox"/> Copy of ALL checks <input type="checkbox"/> Copy of ALL Deposits	
	Signature of Conference President
	Phone
	Signature of Conference Treasurer
	Phone



# Society of St Vincent de Paul San Antonio

CONFERENCE NAME:

**Conference Activity Report** for the period from:  to

### Visits

Type of Visit	# of Visits	# of People Helped
Home Visits		
Prison Visits		
Hospital Visits		
Eldercare Visits		
Other In-Person Visits		
<b>Total Visits</b>		

### Services and Goods Received

Services	# of Times	“In Kind” Value
Legal		
Medical		
Dental		
Other		
<b>Total Services</b>		
Goods	# of Times	“In Kind” Value
Food		
Furniture		
Clothing		
Other		
<b>Total Goods</b>		

### Professional Services Provided

Services	# of Times	“In Kind” Value
Legal		
Medical		
Dental		
Other		
<b>Total Services</b>		

### Goods Distributed

Goods	# of Times	“In Kind” Value	# of People Helped
Food			
Furniture			XXXXXXXXXXXXXXXX
Clothing			XXXXXXXXXXXXXXXX
Other			XXXXXXXXXXXXXXXX
<b>Total Goods</b>			XXXXXXXXXXXXXXXX

<b>Total Hours of Service: Members</b>	
<b>Total Hours of Service: Non-Members</b>	
<b>Estimated Miles in Vincentian Services</b>	



# Society of St Vincent de Paul San Antonio

## Sales Tax Reporting

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

Instructions: Enter each event on a separate line.

Fundraising Event Type	Fundraising Date		Total Sales
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
<b>Total Sales from above:</b>			\$
	<b>Tax Rate</b>	8.25%	
	<b>Total Amount Due:</b>		\$

Instructions – submit with your Monthly Report. Include a check for the total amount due.