



Society of St Vincent de Paul San Antonio

CONFERENCE NAME:

Conference Treasurers Report for the period from:		to	
Last Month's Ending Balance (Required)			
Adjustment (Attach explanation for adjustment)			
Beginning Balance			
Receipts <i>(Please use exact numbers, <u>NOT</u> 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		
Total Receipts:			

Expenses <i>(Please use exact numbers, <u>NOT</u> rounded)</i>			# of People helped
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>		
Total Expenses			
This Month's Ending Balance: <i>(Beginning Balance + Total Receipts – Total Expenses)</i>			

2017 Conference Month-End Report

<p style="text-align: center;">Please be sure to attach the following:</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



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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		
Total Visits		

In-Kind Services and Goods Received

Services	“In Kind” Value
Legal	
Medical	
Dental	
Other	
Total Services	
Goods	“In Kind” Value
Food * Do Not include Food Bank	
Furniture	
Clothing	
Other	
Total Goods	

Professional Services Provided

Services	# of Times	“In Kind” Value
Legal		
Medical		
Dental		
Other		
Total Services		

Goods Provided (In-Kind & Purchased)

Goods	# of Times	“In-Kind” & Purchased Value	# of People Helped
Food			
Furniture			XXXXXXXXXXXXXXXX
Clothing			XXXXXXXXXXXXXXXX
Other			XXXXXXXXXXXXXXXX
Total Goods			XXXXXXXXXXXXXXXX

Total Hours of Service: Members	
Total Hours of Service: Non-Members	
Estimated Miles in Vincentian Services	