

## Society of St Vincent de Paul San Antonio

CONFERENCE NAME:			
Conference Treasurers Report	t for the period from:	to	
Last Month's Ending Balance (Required)			
Adjustment (Attach explanation for adjustment)			
Beginning Balance			
Receipts (Plea	ase use exact numbers, <u>NOT</u> re	ounded)	
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 (Please use ex	act numbers, <u>NOT</u> rounded)		# of People helped
1 Those We Serve - Utility Assistance (Include Amount and	nd # of People Helped)		
2 Those We Serve - Rent Assistance (Include Amount and	# of People Helped)		
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	District Council Dues		
11 (Other) Contributions to Upper Councils			
12 Operating Expense - Special Events	12 Operating Expense - Special Events		
13 Operating Expense – Other(rent/utilities/etc.)	13 Operating Expense – Other(rent/utilities/etc.)		
14 Networking / Help Alert			
15 All Other Expenses (Attach Explanation)			
		Total Expenses	
This Month's Ending Bala	nce: (Beginning Balance + Total Rec	eipts – Total Expenses)	
<u>-</u> -			Month-End Report
Please be sure to attach the following:			
☐ Reconciled Bank Statements ☐ Copy of Detailed Transaction History / Check Register OR			
Copy of ALL checks	Signature of Conference Presi	dent	Phone
Copy of ALL Deposits			
	Signature of Conference Treas	surer	Phone



## Society of St Vincent de Paul San Antonio

SOLV ANYTONS			
CONFERENCE NAME:			
Conference Activity Re	<b>eport</b> for the period	d from:	to
<u> </u>		Visits	
Type of Visit	# of Visits	# of People Helped	
Home Visits			
Prison Visits			
Hospital Visits			
Eldercare Visits			
Other In-Person Visits			
Total Visits			
		ervices 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			
	Professiona	l Services Provided	
Services	# of Times	"In Kind" Value	
Legal			
Medical			
Dental			
Other			
Total Services			
Go	ods Provided (In-	Kind & Purchased)	
Goods	# of Times	"In-Kind" & Purchased Value	# of People Helped
Food			
Furniture			XXXXXXXXXXXX
Clothing			XXXXXXXXXXXX
Other			XXXXXXXXXXXX
Total Goods			XXXXXXXXXXXX
m . I II			
Total Hours of Service: Members			
Total Hours of Service: Non-Members			
Estimated Miles in Vincentian Services			