



Society of St Vincent de Paul San Antonio

CONFERENCE NAME: Enter the name of your Conference

Conference Treasurers Report for the period from:		to	
Last Month's Ending Balance (Required)			
Adjustment (Attach explanation for adjustment)			
Beginning Balance			0.00

Receipts *(Please use exact numbers, NOT rounded)*

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 from SVdP's		
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:			0.00

Expenses *(Please use exact numbers, NOT rounded)*

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			0.00

This Month's Ending Balance: *(Beginning Balance + Total Receipts – Total Expenses)* **0.00**

Conference 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 Copy of ALL Deposits		
	Signature of Conference President	Phone
	Signature of Conference Treasurer	Phone



Society of St Vincent de Paul San Antonio

CONFERENCE NAME:

Enter the name of your Conference

Conference Activity Report for the period from:

9/1/2021

to

9/30/2021

Visits

Type of Visit	# of Visits	# of People Helped
Home Visits	0	0
Prison Visits	0	0
Hospital Visits	0	0
Eldercare Visits	0	0
Other In-Person Visits	0	0
Total Visits	0	0

In-Kind Services and Goods Received

Services	“In Kind” Value
Legal	0.00
Medical	0.00
Dental	0.00
Other	0.00
Total Services	0.00
Goods	“In Kind” Value
Food	0.00
Furniture	0.00
Clothing	0.00
Other	0.00
Total Goods	0.00

Professional Services Provided

Services	# of Times	“In Kind” Value
Legal	0	0.00
Medical	0	0.00
Dental	0	0.00
Other	0	0.00
Total Services	0	0.00

Goods Distributed (In-Kind & Purchased)

Goods	# of Times	“In Kind” Value & Purchased Value	# of People Helped
Food	0	0.00	0
Furniture	0	0.00	XXXXXXXXXXXXXXXX
Clothing	0	0.00	XXXXXXXXXXXXXXXX
Other	0	0.00	XXXXXXXXXXXXXXXX
Total Goods	0	0.00	XXXXXXXXXXXXXXXX

Total Hours of Service: Members	0
Total Hours of Service: Non-Members	0
Estimated Miles in Vincentian Services	0

Gift Cards

Gift Cards Received	Value
Gift Cards Purchased	0.00
Gift Cards Donated	0.00
Total Gift Cards Received	0.00

Gift Cards Given to Brothers & Sisters		Gift Cards Used for Purchases	
Record gift cards given away	Value	Record gift cards the conference used to purchase items	Value
Food	0.00	Food	0.00
Furniture	0.00	Furniture	0.00
Clothing	0.00	Clothing	0.00
Other	0.00	Other	0.00
Total Gift Cards Given Out	0.00	Total Gift Cards Used for Purchases	0.00