South-Central Wisconsin Synodical Women's Organization

Within 30 days after the conference/meeting event, please send this report indicating how the Funding Request was used. Please include receipts if possible.

Conference name/Meeting title: ____

Name of person filling out this form: _______________________________________

Your address, city and zip ____

EXPENSES:

Presenters/Speakers Expenses: ___________ miles X .58/per mile =$ _______________ or honorarium given to speaker(s) $___________________________________

Postage cost and purpose of postage
$____

Printing cost and purpose of printing
$____

Other expenses (please provide a detailed list and the purpose) $___________________________

____

Food/refreshments & how many were served $_______________ ____________________________

Child care expenses & how many were cared for $____

Total of all expenses $____________________________

____

Signature ____ Date _______________________

Send this report to Synodical Treasurer
Sandy Seffrood
8329 County Road D
South Wayne WI 53587

^^

Date received by Synodical Treasurer _________________________________ Created 3/15/2022