



**Society of St. Vincent de Paul,
Council of Los Angeles**
Report on Financial Assistance from Council

Date: _____

Total Requested: _____

Total Granted: _____

Conference: _____ **District:** _____

DISBURSEMENT SUMMARY

Date	Expense Description	Amount	Check # / Other	Balance
DATE:		FINAL BALANCE:		

PLEASE INCLUDE COPIES OF CONFERENCE CHECKS ISSUED OR RECEIPTS ALONG WITH THIS LOG.
**SUBMIT LOG TO DISTRICT COORDINATOR BEFORE NEW FUNDS ARE REQUESTED
 OR ALONG WITH ANNUAL REPORT, WHICHEVER COMES FIRST!**