



St. Vincent de Paul Society  
At the Heart of Giving

## SOCIETY OF ST. VINCENT DE PAUL MINUTE SHEET

The regular meeting of the Conference, held on \_\_\_\_\_, was called to order by \_\_\_\_\_ at \_\_\_\_\_ AM / PM. The opening prayers were said. \_\_\_\_\_ read a selection from \_\_\_\_\_ on the subject of \_\_\_\_\_. The previous minutes were read. Indicate amendments, if any \_\_\_\_\_.

### TREASURER'S REPORT

<b>Beginning Balance</b>			\$
<b>Receipts</b>			
1. Donations from Members	\$		
2. Church/Poor Box Collections	\$		
3. A. Fund Raising-Special Works	\$		
B. Fund Raising-Stores	\$		
C. Fund Raising-Spcl event/other			
4. Other SVDP unit Contributions			
5. A. Government Grants Only			
B. Disaster Funds Received			
C. Capital Campaign Funds			
D. Other Restricted Funds	\$		
E. Miscellaneous Receipts	\$		
<b>Total Receipts (1 thru 5E)</b>			+ \$
<b>Disbursements</b>			
6. Those We Serve	\$		
7. Disaster Contributions	\$		
8A Domestic Twinning	\$		
B Foreign Twinning	\$		
<b>Subtotal (A) (6 thru 8)</b>		\$	
9. Solidarity Contributions	\$		
10. Contributions to Upper Councils	\$		
11. A. Operating Exp Special Works	\$		
B. Operating Exp Stores	\$		
C. Operating Exp Special Events			
D. Operating Exp Other			
12. Other			
<b>Subtotal (B) (9 thru 12)</b>		\$	
<b>Total Disbursements (Subtotal A + Subtotal B)</b>			- \$
<b>Ending Balance: Beginning Balance + Total Receipts – Total Disbursements =</b>			<b>\$</b>

\_\_\_\_\_  
SIGNATURE OF TREASURER

( )  
PHONE

\_\_\_\_\_  
DATE

**“IN KIND” GOODS AND SERVICES PROVIDED**

	# of Services	\$ Value
<b>Goods</b>		
A. Food		
B. Furniture		
C. Clothing		
D. Other		
<b>Subtotal 1 (A thru D)</b>		<b>\$</b>
<b>Services</b>		
E. Legal		
F. Medical		
G. Dental		
H. Other		
<b>Subtotal 2 (E thru H)</b>		<b>\$</b>
<b>Totals (Subtotal 1 + Subtotal 2)</b>		<b>\$</b>

**VISITS TO PEOPLE**

**Obtain totals from Weekly Worksheet (page 4)**

<b>Person-to-Person Visits</b>	# of Visits	# of People Helped
A. Home Visits		
B. Prison Visits		
C. Hospital Visits		
D. Eldercare Visits		
E. Other In-Person Visits		
<b>Total (A thru E)</b>		

<b>TOTAL HOURS OF SERVICE (TOTAL FROM WORKSHEET COLUMN M)</b>	
<b>ESTIMATED TOTAL OF UNREIMBURSED MILES (TOTAL FROM WORKSHEET COLUMN N)</b>	

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Signature of Conference President                      Phone                      Date



**SOCIETY OF ST. VINCENT DE PAUL – WEEKLY MINUTE SHEET  
For Additional Conference Record Keeping**

CONFERENCE ACTIVITIES

DATE: \_\_\_\_\_

**Special Works (specify):**

---

---

---

**Reports on Special Projects and Programs: \* Please remember to keep an updated International Twinning Partners Contact List to be submitted with your Conference Annual Report.**

---

---

---

**Assignments to Cases or Projects:**

---

---

---

**Communications – General SVdP news and reports:**

---

---

---

**New Business:**

---

---

---

**Bills authorized for payment:**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Spiritual Advisor's Remarks:**

---

---

---

At the close of business, a collection was taken up amounting to \$ \_\_\_\_\_. Meeting closed with a prayer.

\_\_\_\_\_  
*Secretary*

**WEEKLY WORKSHEET**

Number of Services to People

(Members are to report on all cases in which contact was made.)

Client Id / Case #	Contacted by: (Initials)	Home Visit (A)	Prison Visit (B)	Hospital Visit (C)	Aged/ Day Care Visit (D)	Other In-person Visit (E)	# People Helped (L)	Total Hrs. Service (M)	Est. Ttl Unreimb. Miles (N)	Conf. Action
	<b>TOTALS</b>									

Use totals on "Visits and Services to People" section - page 2