

Monthly Sub- Committee Reports - E.K.A.S.C. Meeting

Sub- Committee Name: _____

Chair/ Alt Chair Name: _____

Sub- Committee Location/ Time:

Amount Of Money Requested From Area: _____

Receipts From Last Month Present (if any) : _____

Sub- Committee Comments (ie. Concerns, Meeting attendance, etc.)

Note: If you would like the Fellowship to announce sub-committees struggling for support, any upcoming events or concerns please write it in your report!

