



Monthly Sub-Committee Report

Date: _____

Sub-Committee Name: _____

Chair/Alt-Chair: _____

Meeting Location/Time: _____

Fund Request (If any): _____

**Receipts Attached
(If any):** _____

Comments (*ie. Concerns, Meeting attendance, etc.*) **Note:** If you would like the Fellowship to announce any upcoming events or concerns, please include it in this report.
