



## 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.