



Southwest Region Conference of Seventh-day Adventists

FULL TIME CONFERENCE EMPLOYEES MONTHLY REMITTANCE FORM

| NAME OF SCHOOL | | |
|----------------------------------|---------------------|---|
| | | Please check the box to correspond with the subsidy for that month. |
| NAME OF TEACHER(S) | SUBSIDY FROM SCHOOL | MONTHS |
| 1. | \$ | August <input type="checkbox"/> |
| 2. | \$ | September <input type="checkbox"/> |
| 3. | \$ | October <input type="checkbox"/> |
| 4. | \$ | November <input type="checkbox"/> |
| 5. | \$ | December <input type="checkbox"/> |
| 6. | \$ | January <input type="checkbox"/> |
| | | February <input type="checkbox"/> |
| | | March <input type="checkbox"/> |
| | | April <input type="checkbox"/> |
| | | May <input type="checkbox"/> |
| Total Amount: | | |
| Outstanding Balance: | | |
| Payment Check #: | | |
| | | |
| Treasurer / Principals signature | | |