



**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		