

United Women in Faith Northern Illinois Conference

Date _____ Office (District) _____

Name & Address _____

OFFICERS EXPENSE:

Postage & Shipping \$ _____

Telephone \$ _____

Supplies \$ _____

Dependent Care \$ _____

TRANSPORTATION:

List Tolls \$ _____

Leadership Team Mtg. Miles (*List Location*)

1. _____

2. _____

3. _____ \$ _____

Committee Mtg. Miles (*List Committee/Location*)

1. _____

2. _____

Number in Car Pool _____ \$ _____

PRINTING/COPY EXPENSES

Paper \$ _____

Duplicating \$ _____

GENERAL (Seminars & Workshops) \$ _____

PROGRAM (Annual Meeting) \$ _____

OTHER (Specify) _____ \$ _____

TOTAL DUE: \$ _____

Give to Treasurer: **Lillye Hart, NIC UWFaith Treasurer**
3740 Ballantrae Way
Flossmoor, IL 60422

APPROVED By: _____ President
_____ Secretary

Date: _____ Check #: _____ Amt. Paid: \$ _____

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