SOUTHEASTERN CALIFORNIA CONFERENCE
OFFICE OF EDUCATION

Overdue Operating Subsidies
For the Month Ending: _____

NAME OF SCHOOL: _____

☐ No Overdue Subsidy
(Check if Appropriate)

Name of Church	***OPERATING SUBSIDY***				
	Monthly Subsidy	*Total Overdue*	*Overdue Last Month*	*Date Contact Made With Church*	*Comments*
PLEASE TOTAL					

_____ _____

Name of Person Completing Form *Phone Number*

Revised 01/15/2013