DATE DUE:
the 5th of each month

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***	***Balance due as of June 30 (Please attach history) * (Include this balance in the Total Overdue column)***
PLEASE TOTAL				

_____ _____
Name of Person Filling Out the Form *Day Time Phone Number*

History need be attached to July and August reports only. Note changes/payments in 6/30 amounts only in this column after first two reports.