

PASC GSR REPORTS

Date _____ GROUP NAME _____ INFORMATION FOR THE MONTH OF _____

MEETING LOCATION	DATE	TIME	TYPE

BUSINESS MEETING:

GSR

LOCATION: _____

NAME _____

ADDRESS _____

DATE/TIME _____

PHONE _____

GSRA

SECRETARY

TREASURER

NAME: _____

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

ADDRESS _____

DATE/TIME _____

PHONE _____

PHONE _____

GROUP NEEDS	YES	NO
LITERATURE		
SPEAKER		
TRUSTED SERVANTS		
CHIPS		
MEETING SCHEDULES		
SUPPORT		
OTHER		

TOPICS OF THE MONTH

How are meetings going? Any problems that need to be discussed with the ASC?

WHAT CAN YOUR ASC DO TO HELP YOUR GROUP CARRY THE MESSAGE? _____ ?

Treasurer's report

Beginning balance (From last month report)	
Donations	
Literature	
Other	
Total Income	
Ending Balance	

Expenses	
Rent	
Supplies	
Literature	
ASC Donation	
Other	
Other	
Total Expenses	

This report was submitted by _____