



## SWIMGA Committee Report

Year: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Chair/Co-Chairs: \_\_\_\_\_

Number of committee members: \_\_\_\_\_

Total number of volunteer hours: \_\_\_\_\_

Project the number of volunteer hours needed next year: \_\_\_\_\_

Total expenses to date (exclude postage): \$ \_\_\_\_\_

Total postage spent: \$ \_\_\_\_\_

Out-of-pocket expenses not reimbursed (estimate): \$ \_\_\_\_\_

Estimate your expenses for next year: \$ \_\_\_\_\_

Where does your committee work, i.e. Extension Office? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: send a copy of this report to the president and keep the original copy in the committee notebook.

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Date received: \_\_\_\_\_

President: \_\_\_\_\_

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