



MINNESOTA WOMEN OF TODAY State Program Manager Monthly Report Form

Name _____ Position _____

Date _____

Send one (1) copy of this form to the programming vice president and state president postmarked the 1st of the month. Include communication logs and any important back-up materials (copies of letters, etc.).

1. **ACTIVITIES** (What did you do as a SPM during this month -- correspondence made, articles in newsletter, programs promoted, etc.)

2. **TRAVEL** (Meetings attended during this month where you promoted your program.)
Date Location Purpose

3. **PARTICIPATION IN AREA** (List number of districts and chapters participating in your promotions, amount of funds raised, certifications received, etc.)

4. **SERVICE HOURS** (List total number of hours for the month -- external areas only.)

5. **YOUR PLANNED ACTIVITIES** (for the next month)

6. **COMMENTS OR REQUESTS.**