

SPRINT CENTER MONTHLY REPORT

DO NO. 668

Please fill out and mail one copy each to your SCS, KQS and WS on the last day of each month!

SERVANT--Bible Name: _____ Legal Name _____ Date ____/____/____
 Sprint Center Name: _____ Mailing Address _____
 Phone _____

How many persons work on: Translation _____ Typing _____ Photo _____ Printing _____ Mail _____
 Office (Sec., Fin.) _____ Others (specify) _____ Total Personnel _____ If a translation center,
 what language do you translate into? _____

I. GP Lit: (Attach all GP print samples with quantity printed written on each individual sample.)

- A. Please attach a copy of your next month's notice to the Homes informing them of Lit and prices as well as a copy of your past month's "Share the Know", or breakdown of your price per piece or lot sent to the Homes.
- B. List any GP MO Letters not mass printed that have come out from WS during the last 6 months and reason why.

No. MO Letter	Reason Why	No. MO Letter	Reason Why

- C. Did you produce and print an NNN this month? If no, explain why: _____
- D. Total Amount of GP MO Letters printed this month? _____
- E. Total Amount of NNN's printed this month? _____
- F. Total Amount of Other GP printed this month? _____
- G. Have you invested or are you investing in an emergency supply of Lit? _____
- H. Please list type and amount of emergency stock.

No. MO Letter	Amount	No. MO Letter	Amount

II. DISCIPLES TRANSLATIONS: (For Translation Centers only)

- 1. List ML No. of Letters translated this month: Printed _____ Shipped _____
- 2. Total number of ML's now translated: Printed _____ Shipped _____
- 3. Are you printing enough copies of translated ML's for all Nationals in your area? _____
- 4. Is "Family News" translated? If not, why not? Printed _____ Shipped _____
- 5. Total number of "Family News" now translated? Printed _____ Shipped _____
- 6. Are Davidito Letters translated? If not, why not? Printed _____ Shipped _____
- 7. Total number of "Davidito Letters" translated Printed _____ Shipped _____
- 8. This month's total of Other Letters translated? Printed _____ Shipped _____
- 9. Total number of Family Care Pubs translated? Printed _____ Shipped _____
 - Faithy's translated? Printed _____ Shipped _____
 - Ho's translated? Printed _____ Shipped _____
 - Deborah's translated? Printed _____ Shipped _____
 - Mother's translated? Printed _____ Shipped _____
- Others, Specify: _____ Printed _____ Shipped _____
- 10. Do you have at least 100 copies of each MO Letter or Other Publication that is in print on hand? If Not, please explain: _____

III. OTHER PROJECTS:

A. Please list any other literature projects being worked on or considered by your SC:

B. What has been done this month to lower the price per piece or lot of Lit for the field? (Provisioning; Better Prices; Better Equipment, etc.)

IV. FINANCES:

	Your Currency	U.S. \$'s
A. INCOME:		
1. Litnessing (you + your staff)		
2. Income from Homes for Lit orders		
3. Income from Homes for other than Lit orders		
4. Income from Mail Ministry		
5. Other (specify)		
6. TOTAL INCOME		
B. EXPENSES:		
Living Expenses:		
1. Auto + Transportation		
2. Food		
3. Housing (Rent + Improvements)		
4. Utilities		
5. Phone		
6. Household Expenses		
7. Childcare		
8. Personal (Shiner Money, Needs, etc.)		
9. Other (specify)		
10. TOTAL LIVING EXPENSES (Total of No.'s 1--9)		
Production Expenses:		
12. Postage and Shipping		
13. Office Supplies		
14. All Printing Costs (System Home Total)		
15. Binding +/or Folding Costs		
16. Art, Photo Costs		
17. New equipment + repairs		
18. Other (specify)		
19. TOTAL PRODUCTION EXPENSES (Total of No.'s 12--18)		
20. TOTAL EXPENSES (Total of No.10 + 19)		
C. NET GAIN OR LOSS (Subtract line 20 from Line A. no.6)	+	-
D. BALANCE OF FUNDS ON HAND (Bank and Petty Cash)		
E. TOTAL UNPAID BILLS		

V. QUESTIONS, COMMENTS, EXPLANATIONS, COMPLAINTS OR SUGGESTIONS:

Signature of Servant _____ Signature of Typist _____