

SPECIAL PIONEER REPORT

Name _____ City _____ Province or State _____
 (Please print plainly)

Report for month of _____ 19 _____

Total Books	Total Booklets	Total Hours	New Subs.	Ind. Mags.	Return Visits	Home M. Stud.

No. brought to
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 apptd.
 sp. pic.

(NOTE: If you are eligible for an allowance, and desire to receive it, please fill in the requested information below. If you did not devote 150 hours to the field ministry for the month, under Remarks please explain the circumstances. If you do not desire the allowance, under Remarks please write "No allowance desired.")

Remarks concerning report: _____ Mail check for _____

_____ Credit my literature account _____
 _____ Credit my magazine account _____
 _____ Travel allowance _____
 _____ Monthly allowance _____
 _____ Total allowance _____

The special pioneer is not to write in this space

Per _____

(Number and date of check)

Audited _____ O.K. _____

Mail check to my address, which is: _____
 Street Address or Box No. _____
 City _____ Province or State _____ Zone or Code _____

Signed _____