

## BUDGET/FINANCIAL STATEMENT

EVENT NAME / DATE: \_\_\_\_\_  
 \_\_\_\_\_

NAME OF CHAIRPERSON/CONTACT: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_

**INCOME**

_____ PARTICIPANTS	X	\$ _____.	FEE	=	\$ _____.
INCOME FROM OTHER SOURCES	=	\$ _____.			
	=	\$ _____.			
	=	\$ _____.			
SUBTOTAL	=	\$ _____.		=	\$ _____.
		TOTAL INCOME		=	\$ _____.

**EXPENSES** (PLEASE ATTACH RECEIPTS)

**FOOD**

_____ #	PARTICIPANTS	X	\$ _____.	PERSON	=	\$ _____.
_____ #	TEAM MEMBER	X	\$ _____.	"	=	\$ _____.
_____ #	HELPERS	X	\$ _____.	"	=	\$ _____.
				SUBTOTAL		\$ _____.

**PROMOTION**

_____ #	FLYERS	@	_____	=	\$ _____.
_____ #	MAIL	@	_____	=	\$ _____.
_____ #	OTHER	@	_____	=	\$ _____.
				SUBTOTAL	\$ _____.

**SUPPORT ITEMS**

PHONE CALLS	\$ _____.	
COPIES	\$ _____.	
SUPPLIES	\$ _____.	
OTHER	\$ _____.	
	SUBTOTAL	\$ _____.

**RENTALS**

ACCOMODATION	\$ _____.	
EQUIPMENT	\$ _____.	
OTHER	\$ _____.	
	SUB TOTAL	\$ _____.

TOTAL EXPENSES \$ \_\_\_\_\_.

INCOME LESS EXPENSES \$ \_\_\_\_\_.

REVIEWED BY \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

BUDGET/FINANCIAL STATEMENT FOR:

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INCOME

Item	BUDGET	ACTUAL	NOTES
REGISTRATIONS			
STAFF FEEDING			
DONATIONS			
OTHER			
TOTAL			

EXPENSE

Item	BUDGET	ACTUAL	NOTES
FACILITIES			
FOOD (STAFF FEEDING)			
PRINTING/POSTAGE			
TELEPHONE			
CRESTS			
AWARDS			
GIFTS			
P.A. SYSTEM/COMMUNICATIONS			
ENTERTAINMENT			
SBB			
PHOTOGRAPHS			
OUTSIDE RESOURCES ie. First Aid			
OTHER STAFFING COSTS			
MISCELLANEOUS EXPENSES			
SUB TOTAL			
CONTINGENCY (10% of Sub Total)			
TOTAL			

DATE: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_