

EVENT BUDGET

This form must accompany any Church Activity/Room Request
that will have a financial impact on the church.

Name of Event: _____ Date of Event: _____

<u>Income:</u>	<u>\$ Amount</u>	<u>Expenses:</u>	<u>\$ Amount</u>
Tickets	_____	Supplies	_____
Donations	_____	Food	_____
_____	_____	Equipment	_____
_____	_____	Music	_____
_____	_____	Decorations	_____
_____	_____	Transportation	_____
_____	_____	Other: _____	_____
_____	_____	_____	_____
Total Income:	_____	Subtotal of Expenses:	_____

Overhead Expenses (For Accounting Only)

Ministry Leader Signature

Total Expenses:

Today's Date