

Event Budget Worksheet

Required for all registered events

Sponsoring group:	Date:
Event Name:	Event Date:
Event type:	Location:
Contact Name:	Phone Number:

Anticipated Revenues:			
	Applicable?	Amount	Comments
Departmental Funding	y/n		
Student Organizations co-sponsorship	y/n		
Admission/Ticket Sales	y/n		
Registration Fees	y/n		
Other (specify)	y/n		
Total Anticipated Revenues:			

Anticipated Expenses:			
		Amount	Comments
Speakers/Entertainment	y/n		
Honorarium/Fee	y/n		
Travel	y/n		
Lodging	y/n		
Meals	y/n		
Venues	y/n		
Transportation to/from hotels & venues	y/n		
Meals/Refreshments/Catering			
Facilities Management	y/n		
Set up/Clean up	y/n		
Tables, Chairs, Fans	y/n		
Staging/Sound/Lighting Equipment	y/n		
Electric/Sound Technician	y/n		
Media Services-A/V Equipment	y/n		
DPS & GHM	y/n		
Fire Marshall (required 300+)	y/n		
Postage	y/n		
Printing/Copying	y/n		
Box Slips, Table Slips, Tickets			
Supplies	y/n		
Other (specify)	y/n		
Total Anticipated Expenses:			