

EVENT BUDGET PLANNER

Event Name: _____

Date: _____ Time: _____ Location: _____

*Items are arranged to correspond with the event-planning checklist.

Expenses*	Budgeted Amount	Actual Amount
Room Charges		
-Audio/visual equipment rentals		
Catering- food and beverages		
Entertainment- artist/speaker fees		
Security		
Tickets (printing)		
Transportation		
Publicity		
-paper		
-copying charges		
-newspaper ads		
-radio ads		
-poster board/ banner paper		
-other supplies (markers, paint, pens, etc.)		
Prizes/ souvenirs		
Decorations		
Event programs		
-evaluations		
Other expenses		
Total Expenses:		
Income	Anticipated Revenue	Generated Revenue
Co-sponsorship		
Food sales		
Grants		
Ticket Sales		
T-shirt sales		
Other income		
Total Income:		
Net Loss or Gain:		