

NAME OF EVENT			
DATE OF EVENT (DD/MM/YYYY)			
NUMBER OF REGISTRATIONS			#
EXPENSES			
	Catered meal		\$
	Appetizers		\$
	Alcohol		\$
	Beverages		\$
	Entertainment		\$
	Supplies		\$
	Decorations		\$
	Photocopies		\$
	Other		\$
	Other		\$
	TOTAL EXPENSES		\$
INCOME			
	Members Fee	per person	\$
	Guests Fee	per person	\$
	Budget Allowance		\$
	TOTAL INCOME		\$
NET INCOME MINUS EXPENSES			\$
Submit bills and invoices to Treasurer with this form when completed.			
Party Host(s) Signatures(s):			
			Approved 1/13/16