

Event Budget Estimation Sheet

Event Name: _____ **Submitted by:** _____

Number of Participants: _____

Amount of Funds requested: _____

Funds needed by: _____

Funds requested in:

Cash

Gift Card

Check Written to: _____

	Amount	Totals
Cost per Participant:	_____	_____
Member Pays:	_____	_____
Room Cost:	_____	_____
Favors (list):	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Prizes (list):	_____	_____
_____	_____	_____
_____	_____	_____
Supplies (list):	_____	_____
_____	_____	_____
_____	_____	_____
Tax Percentage: () _____	_____	_____
CC Fee Percentage: () _____	_____	_____
	Member Cost	Club Cost
	=====	=====

Approved by: _____

Date Approved: _____