Event Budget

Name of Event: _____

Location: _____

Date of Event: _____

Time of Event: _____

Expenses

Food and Miscellaneous Items	Cost Each	Quantity	Total Cost
		Total Expenses:	

Income

Description	**Cost Each**	**Amount Sold**	**Total**
Ticket Sales			
Adults			
Children			
Cash Donations			
Other			
		Total Income:	
		Net Profit (Loss):	