

EVENT SCHEDULE

Event Name: _____ Event Date(s): _____
 Department: _____ Submitted By: _____

Description: _____ Account # _____

Revenue:

	\$ AMOUNT EACH	PROJECTED #	PROJECTED TOTAL	ACTUAL #	ACTUAL TOTAL	# SCHOLARSHIPS
Participation Fees	_____	_____	_____	_____	_____	_____
Ticket Sales	_____	_____	_____	_____	_____	_____
Sponsorships	_____	_____	_____	_____	_____	_____
Budget	_____	_____	_____	_____	_____	_____
	PROJECTED REVENUE		_____	ACTUAL	_____	

Expenses:

	\$ COST EACH	PROJECTED #	PROJECTED TOTAL	ACTUAL #	ACTUAL TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
	PROJECTED EXPENSES		_____	ACTUAL	_____
	NET COSTS		_____		_____

Notes: _____

