

CSU EVENT BUDGET FORM

Name of Event: _____

Date[s] of Event: _____ Phone: _____

University Account Number: _____

Income

Registration Fee	_____ attendees x \$	\$
Admission Fee	_____ attendees x \$	\$
Other Fee		\$
Grant(s)		\$
<i>TOTAL PROJECTED INCOME</i>		(I) \$

Expenses

A/V Equipment		\$
Dining Services		\$
Duplication & Printing		\$
Facility Usage		\$
Honorariums [Requires name, SS#, and address of speaker[s]]		\$
Lodging for Speakers		\$
Parking		\$
Physical Plant Cleaning		\$
Police		\$
Postage		\$
Set Up Requirements		\$
Special Equipment Requirements		\$
Travel Expenses for Speakers		\$
Other expenses [list each]		\$
<i>TOTAL PROJECTED EXPENSES</i>		(E) \$
TOTAL PROJECTED PROFIT/LOSS		
total income (I) minus total expenses (E)		\$

Signatory Approvals

Department Approval:
Name [please print] _____

Signature _____

Chairperson/Director _____

Dean Signature: _____