

SCEA Budget and Reconciliation Sheet

Expenses will not be reimbursed without appropriate receipts!

Section # _____ Today's Date _____ Date Closed _____
 Event _____ Event Date _____
 Estimated Attendance _____ Guarantee _____ SCEA Office Approved _____

Expenses

<u>Budgeted Item</u>	<u>\$ Budgeted</u>	<u>Reference #</u>	<u>Actual Expense</u>
Facility Rental	_____	_____	_____
Food (paid by section)	_____	_____	_____
Entertainment	_____	_____	_____
Decorations	_____	_____	_____
Awards	_____	_____	_____
Communication Expense	_____	_____	_____
<u>Other</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Expenses	_____		_____
	Budgeted		Actual
		Less Deposit Returns	_____
		(A) Net Expenses	_____

Only items listed in budgeted column will be reimbursed

Revenue

Actual attendance _____

Tickets Sold _____ X Ticket Price _____ Collected _____
 _____ X _____
 # of Comps* _____

Other Income _____ Collected _____

Explanation of overage/shortage must be attached. **(B) Total Revenue** _____
(forwarded to SCEA office)

Expense Total (A) _____	Complimentary tickets must be approved by the SCEA office prior to the event. Send list and reason for comp with this form.
Revenue Total (B) _____	
Event Profit/(subsidy) (B-A) _____	

This report is submitted by the section secretary and has been reviewed by the section board. Two officers must sign.

Signature & Title

Signature & Title

**Send bottom two copies to the SCEA office for approval of budget.
 Upon approval, one copy will be sent back to your section.
 Finances must be reconciled within two weeks of the events end.**