Post-Event Budget Summary

Please complete and turn in this form no more than 30 days after your event. This is a final account of all the expenses related to your event, including any donated amounts.

Community of Faith Bible Church
BELIEVE. BELONG. BECOME.

Name of event: _____

Ministry: _____

Event date: _____

Number of attendees: _____

Allotted Budget for event: _____

Concluding Budget for event: _____

Breakdown of expenses:

Item	Actual cost	Donation	Cost to church
TOTAL			

Notes concerning this event or budget: _____

_____

_____

Ministry Coordinator: _____ Date: _____