

District:

Date:

Event:

MICHIGAN GARDEN CLUBS, INC.

District Event Budget and Final Report

Please complete this form to develop your event budget for any scheduled district event such as a District or President's Meeting, or Leadership Development. When the event is finished use this same form to prepare a final financial report. If you have any questions on how to complete this form, please contact the MGC Treasurer.

Host Club(s):					Contact Person:					Phone:			
Cell Phone:					Email:								
District Event Revenu	e and	Exper	ises										
Revenue									В	udget*	Actu	al**	
Registration Fees				Budget*	Actual*	* X	ı	Fee					
Full Time Participants				#	#	Х	S						
Part Time Participants				#	#	Х	S						
Vendor Rental Space				#	#	Х	S						
Gross Sales													
Silent Auction													
Other (please identify	dors												
Total Revenue													
Expenses (enter in negative numbers)									Budget Ac			ual	
Room Rental													
Equipment Rental (tables, AV, chairs)													
Speaker/Tour Guide/Workshop Leader Fees													
Meals/Breaks													
Publicity/Decorations (ribbon, candies)													
Administrative (Printing, postage)													
Donations													
Registration Fee Ref	und												
MI Sales Tax On Iten	MI Sales Tax On Items Sold (attach worksheet)												
Other Expenses (plea	se iden	tify) _V	endor Box	k Lunches									
Total Expenses													
Total Surplus/Deficit													
										•			
Final Statistics:		-											
# Clubs Attending: #Presidents A						No Shows:			# Vendors:		ı		
# of non-paying guests:	NGC:	CR:	MGC:	District	Director:	Speake	er/s:	Other:	W	n	Total		
Fvent Chair:	vent Chair: Date:					Fvent Treasurer:					Date:		

Send or email to MGC Treasurer a copy including bank statements for period covered with receipts. Retain one copy for district financial records (held for 7 years) with the District Treasurer. A copy of this (statement only) should be provided to your District Director, the 1st VP and Finance Committee Chair.

Date:

Instructions to complete the form follow.

Location:

District Director: