

THE SOCIETY FOR CREATIVE ANACHRONISM, INC.

EVENT BUDGET REPORT FORM

Branch: _____

EVENT: _____ DATE: _____

INCOME

Fee Type	(A) Est. Advance Attendees	(B) Est. at-the-door Attendees	(C) Advance Fee \$\$	(D) at-the-door Fee \$\$	Estimated Income (A x C)+(B x D)
Site Fee (Adult)					
Site Fee (Child)					
Feast Fee (Adult)					
Feast Fee (Child)					
Class Fee					
Child Care					
TOTAL ESTIMATED INCOME					

EXPENSES

EXPENSES				TOTAL
Advertising				
Equipment Rental & Maintenance				
Fees & Honoraria (Itemize on back)				
Food				
General Supplies				
Insurance (NON-SCA)				
Occupancy & Site Charges				
Postage & Shipping, PO Box Rental				
Printing & Publications				
Telephone				
Travel (Gas, Tolls, Airfare)				
Other Expenses (Itemize on back)				
SUB-TOTAL (Lines 12 to 27)				
Donations to Other 501(c)(3) [Nonprofit] Organizations (Itemize on back)				
Moved to Another (Itemize on back) WITHIN KINGDOM				
SCA Account (Itemize on back) OUTSIDE KINGDOM				
Total ESTIMATED Expenses				
ADJUSTED EXPENSES (TOTAL ESTIMATED EXPENSES x 1.1)				
ESTIMATED PROFIT (TOTAL ESTIMATED INCOME - ADJUSTED EXPENSES)				

APPROVED:

Seneschal or

Autocrat:

Exchequer:

Date: