



CENTRA
FOUNDATION

Event Name: _____

Event Date: _____

Revenue	Estimated Revenue	Actual Revenue
Ticket Sales		
Food Sales		
Vendor Fees		
Event Sponsorship		
Donations		
Raffle Sales		
Other		
Other		

Total Revenue: _____ \$0.00 \$0.00

Expense	Estimated Cost	Actual Cost
Facility Fee		
Rentals (tables, dishes)		
Presenter/Entertainment Fee		
Audio/Visual Equipment		
Advertising/Promotion		
Printing		
Postage		
Food/Catering		
Decorations		
Transportation		
Security and Technicians		
Other		
Other		

Total Expenses: _____ \$0.00 \$0.00

Revenue Net of Expenses: _____ \$0.00 \$0.00