



# Service Unit Event Financial Report

SU # \_\_\_\_\_ SU Name \_\_\_\_\_ Event Name \_\_\_\_\_  
 Event Planner \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Event Date(s) \_\_\_\_\_

Submit this form TWICE. Turn into SU special events coordinator before the event with projected information, the Event Program and Planning Form, and Event Flier draft. It will be reviewed before the event can be publicized. Once the event is complete, submit with the actual information and the Event Evaluation within two weeks. Please keep a copy.

	<b>Projected:</b>	<b>Actual:</b>
# of Participants		
Adults		
Girls		
Additional Guests		
Min/Max # of Participants		
<u>Income</u>		
Event Fees		
Collected before event		
Collected at event		
Patch Fee (if separate)		
Other (in-kind donations)		
Misc		
<i>Total Income</i>		
<u>Expenses</u>		
Rental Fees (site/equipment)		
Custodial Fees		
Fees (Speaker, babysitter, etc.)		
Program (supplies/equipment/crafts)		
Copies/Printing		
Food		
First Aid Supplies (200+ requires Level 2 FA)		
Postage		
Transportation		
Recognition (Patches/T-Shirts/Thank You)		
Non-Member Insurance(11¢/person-\$5 min)		
Miscellaneous		
<i>Total Expenses</i>		
<i>Net Profit/Loss</i>		