

ACTIVITY GROUP BUDGET - DUE OCTOBER 17, 2024

Group/Activity _____
AGL _____
AGL Phone # _____
AGL Email _____
Year April 1, 20XX to March 31, 20XX _____

INCOME/REVENUE

Activity Group Fees _____ # of members _____ @ \$ _____
Event Tickets _____
Donations _____
Raffles/Draws _____
Sale of Merchandise _____

Total Income/Revenue \$ -

COSTS/EXPENSES

Supplies _____ Please provide details for
Event Expenses _____ each expense on a separate
Outside Hires (DJ, Speaker etc) _____ sheet and attach.
Raffles/Draws Expenses _____
Prizes _____
Other _____

Total Costs/Expenses \$ -

CONTRIBUTION TO STAFF SUPPORT & FACILITY SPACE

\$ -

Name: _____

Signed: _____

Date: _____

PLEASE NOTE: A budget review meeting will take place October 17, 2024 in Room 1. If your budgets are completed by this date we have 2 additional weeks to review, get clarification and quotes if required. If you do not attend, you need to make alternate arrangements with Sharon Lamers. Changes or additional information for approval may not be accommodated after this date due to time constraints.