

# CAMP & COUNCIL EVENT BUDGET WORKSHEET AND REPORT

Event: \_\_\_\_\_ Event Date: \_\_\_\_\_ Event ID: \_\_\_\_\_ District: \_\_\_\_\_

Event Chair: \_\_\_\_\_ Phone: \_\_\_\_\_

Health & Safety Chair: \_\_\_\_\_ Phone: \_\_\_\_\_

PR-Photo Chair: \_\_\_\_\_ Phone: \_\_\_\_\_

Total Attendance Last Year: \_\_\_\_\_ Youth: \_\_\_\_\_ Adults: \_\_\_\_\_ Units: \_\_\_\_\_

**Final Financial RECAP and Attendance Roster must be turned in no later than 7 days after Event.**

CURRENT YEAR BUDGET	CURRENT YEAR ACTUAL	NEXT YEAR BUDGET
<b>Income</b>		
Fees Adult # _____ x \$ _____ per Adult = _____	Fees Adult # _____ x \$ _____ per Adult = _____	Fees Adult # _____ x \$ _____ per Adult = _____
Fees Scouts # _____ x \$ _____ per Scout = _____	Fees Scouts # _____ x \$ _____ per Scout = _____	Fees Scouts # _____ x \$ _____ per Scout = _____
Fees Units # _____ x \$ _____ per Unit = _____	Fees Units # _____ x \$ _____ per Unit = _____	Fees Units # _____ x \$ _____ per Unit = _____
Gifts in Kind _____ = _____	_____ = _____	_____ = _____
(See reverse side for details on donations)		
Concessions _____ = _____	_____ = _____	_____ = _____
Ticket Sales _____ = _____	_____ = _____	_____ = _____
Other Income _____ = _____	_____ = _____	_____ = _____
Less Commission Paid to Units = ( _____ )	= ( _____ )	= ( _____ )
<b>Total Budgeted Income</b> \$ _____	<b>Actual Income</b> \$ _____	<b>Budget Income</b> \$ _____
<b>Expenses</b>		
In-house Printing _____ = _____	_____ = _____	_____ = _____
Outside Printing _____ = _____	_____ = _____	_____ = _____
Regular Postage # _____ x \$ _____ per Piece = _____	# _____ x \$ _____ per Piece = _____	# _____ x \$ _____ per Piece = _____
Bulk Postage # _____ x \$ _____ per Piece = _____	# _____ x \$ _____ per Piece = _____	# _____ x \$ _____ per Piece = _____
Patches # _____ x \$ _____ per Patch = _____	# _____ x \$ _____ per Patch = _____	# _____ x \$ _____ per Patch = _____
Plaques # _____ x \$ _____ per Plaque = _____	# _____ x \$ _____ per Plaque = _____	# _____ x \$ _____ per Plaque = _____
Ribbons # _____ x \$ _____ per Ribbon = _____	# _____ x \$ _____ per Ribbon = _____	# _____ x \$ _____ per Ribbon = _____
Recognitions/Awards _____ = _____	_____ = _____	_____ = _____
<b>SubTotal</b> \$ _____	\$ _____	\$ _____
Office Supplies _____ = _____	_____ = _____	_____ = _____
Site Rental Fees _____ = _____	_____ = _____	_____ = _____
Telephone _____ = _____	_____ = _____	_____ = _____
Food _____ = _____	_____ = _____	_____ = _____
Program Supplies _____ = _____	_____ = _____	_____ = _____
Insurance – Comprehensive		
\$1.50 per Day # _____ x \$1.50 = _____	# _____ x \$1.50 = _____	# _____ x \$1.50 = _____
Camp Capital Fee # _____ x \$2.00/weekend = _____	# _____ x \$2.00/weekend = _____	# _____ x \$2.00/weekend = _____
Contingency (15%) _____ = _____	_____ = _____	_____ = _____
Other _____ = _____	_____ = _____	_____ = _____
<b>Total Budgeted Expenses</b> \$ _____	<b>Actual Expenses</b> \$ _____	<b>Budget Expenses</b> \$ _____
<b>Balance</b>		
<b>Total Budgeted Income</b> \$ _____	<b>Actual Income</b> \$ _____	<b>Budget Income</b> \$ _____
<b>Total Budgeted Expenses</b> \$ _____	<b>Actual Expenses</b> \$ _____	<b>Budget Expenses</b> \$ _____
<b>NET</b> \$ _____	<b>NET</b> \$ _____	<b>NET</b> \$ _____

**Expense Detail**

<i>Vendor/Volunteer</i>	<i>Purpose of Expense</i>	<i>Invoice #</i>	<i>Charged To</i>	<i>Amount</i>

**Gifts in Kind**

<i>Source</i>	<i>Gift Description</i>	<i>Gift Value</i>

**Weather, Scheduling, Conflicts, Etc.**


*Event Chair agrees to conduct this event according to policies and guidelines of the Gamehaven Council and Boy Scouts of America:*

\_\_\_\_\_ (Signature)

Date: \_\_\_\_\_

**Good fiscal stewardship requires that all events operate without a loss.**

**Budgets MUST BE APPROVED by the Staff Advisor and Gamehaven Council PRIOR to ordering any supplies.**

**Camp Manager or Approval** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**District Executive**

**Council Executive Approval** \_\_\_\_\_ **Date:** \_\_\_\_\_

Advance Check Issued: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Advance Cash Returned: Yes \_\_\_\_\_ No \_\_\_\_\_ (Receipt # \_\_\_\_\_) Amount \$ \_\_\_\_\_  
 Advance Cash Receipts Returned: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_