NAME OF EVENT: _____ DATE SUBMITTED: _____
DATE OF EVENT: _____ CONTACT PHONE #: _____
CONTACT PERSON: _____ CONTACT EMAIL: _____

PROFIT AND LOSS STATEMENT

REVENUES & RECEIPTS

(Please include any ticket sales, other sponsorships, vendor fees, merchandise sales or any other revenues)

Description	Amount	TOTALS

EXPENSES

(Please include copy of invoice and cancelled check)

Vendor	Description	Amount	Invoice	Check #	
Bands/Entertainment					
Other personnel (sound, lights, parking, other)					
Rentals (tents, tables, chairs, port-a-potties)					
Advertising (need copies of print ad, Facebook ads, website ads, flyers, etc.)					
Other expenses					

ANY DONATED SPONSORSHIP

(Please list business/person - item/service donated - value of item/service donated)

Business/Person	Item/Service	Amount