

Challenge The Outdoors, Inc.

Event Expense Breakdown Report

(Please turn all reports, articles and receipts into the Treasurer within 3 weeks of event)

EVENT COORDINATOR: _____ Date: _____

EVENT: _____

Event Cost:

Food and Beverage): _____ \$ _____

Additional Groceries (plates, etc...): _____ \$ _____

Rental fee (building, land, etc...): _____ \$ _____

Total → \$ _____

Additional costs - please list below

_____ Total from above → \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ Total Cost → \$ _____

_____ Minus Cash Advance → - \$ _____

If you need more room use the back. **TOTAL → \$ _____** ←
 Total **due you** or **due CTO**

Make sure to have the people in your event sign in on your Attached Participation Sheet.

Total Number of Participating Members _____

Total Number of Participating Non-members _____

Total Participants _____

_____ Total Number of Disabled Volunteers _____

Total Number of ABLED Volunteers- _____

Total Volunteers _____