

Bay Laurel PFA Event Budget Estimate

Please return this completed and signed form to Treasurer one month prior to your event.

Only items listed on this Budget Estimate will be reimbursed.

Date	of Event:			
Name	of Event:			
Chair	person(s)/			
Committee Names:				
Chairperson/				
Committee Contact Info:				
Event	Budget Provided			
by Tre	easurer: \$			
r	marked by an asterisk. A	Estimated Expense Br 5, LVUSD Room Rental Fees, and in I reimbursement requests must be	nclude any donated items e submitted within 14 day	s after an event.
ltem 	Description of Item		Estimated	Prior Year's
#				
1			Cost	Cost
1 2			Cost	Cost
1			Cost	Cost
1 2			Cost	Cost
1 2 3			Cost	Cost
1 2 3 4 5 6			Cost	Cost
1 2 3 4 5 6 7			Cost	Cost
1 2 3 4 5 6				
1 2 3 4 5 6 7	TOTAL		\$	\$
1 2 3 4 5 6 7 8	AL ESTIMATED EXI *Please review ea	PENSES: \$ (*Amo ch item. If you approve the entire k the event chairs should sign. If PFA board member must s	\$ unt must be within the apoudget above, sign and dath a Board member has to ch	\$ proved budget) te below.
1 2 3 4 5 6 7 8 TOTA	*Please review ea oard member overseeing	ch item. If you approve the entire be the event chairs should sign. If PFA	\$ unt must be within the ap oudget above, sign and da A Board member has to ch sign.	\$ proved budget) te below. air the event, another

Contact <u>dolphintreasurer@gmail.com</u> with questions.