

## MINISTRY EVENT COST CHECKLIST

Name of Event						
Today's Date				Offsite	Onsite	
Ministry Leader				Phone Number		
Email Address				Approved Budget Amount	\$	
Event Location	City		State		Phone number	
Event Location Contact	Name		Phone		Email address	
Lodging Information	City		State		Phone number	
Food/Beverage Included?	Yes	No	If No, please enter the costs below			
<b>Offsite Please Complete A-K</b>			<b>Onsite Please Complete E-I</b>			

(A) Event & Related Needs		(B) Cost		(C) Description		
Event Site		\$				
Audio/Visual		\$				
Other Equipment/Decorations		\$				
<b>Total</b>		<b>\$</b>				
(D) Transportation & Lodging		(E) Refreshments (N/A if included)		(F) Publicity		
Bus/Air	\$	Food	\$	Graphics Work	\$	
Lodging	\$	Beverage	\$	Advertising	\$	
Misc	\$		\$			
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>	
(G) Event Materials		(H) Event Shirts/Hats/Bags		(I) Program		
Folders	\$	Shirts	\$	Performer(s)	\$	
Pens	\$	Bags	\$	Speaker(s)	\$	
Specialty Prints	\$	Hats	\$	Speaker(s) Travel	\$	
Other	\$	Other	\$			
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>	
<b>(J) Total Cost of Event</b>		<b>\$</b>		<b>(K) Total Cost per Person</b>		<b>\$</b>
Signature: Church Administrator		Date		Signature: Ministry Leader		Date

**NOTE: Cost overrun cannot exceed 5%**

