

PLAZA PTA

Event Budget Form

Name: _____

Phone Number: _____

Date: _____

Event: _____ Budget Approved: \$ _____

Expenses

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL \$ _____

Revenue

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Revenue \$ _____

TAX CANNOT BE INCLUDED, PTA DOES NOT PAY TAX