



SCEA Budget and Reconciliation Sheet (Follow-Up Report)
 Portland Division
 Jean Navarro / SCEA Coordinator / 503-657-6265
 Revised November 2011



Store/Facility# _____ Today's Date _____ Event Date _____

How many SCEA Members attended event? _____ How many SCEA Member family and guests attended event? _____

Total amount of Advanced Funds from Division SCEA Coordinator (A) \$ _____

Expenses = Output

<u>Budgeted Item</u>	<u>\$ Budgeted</u>	<u>Reference #</u>	<u>Actual Expense</u>
Facility Rental	_____	_____	_____
Food	_____	_____	_____
Entertainment	_____	_____	_____
Decorations	_____	_____	_____
Awards/Prizes	_____	_____	_____
Communication Expenses	_____	_____	_____
Other	_____	_____	_____
Total Expenses	_____	_____	_____
	\$ _____ Budgeted	Less Deposit Returns →	\$ _____ Actual
		(C) Net Expenses	\$ _____

Revenue = Input

Tickets sold _____ x Ticket Price _____ Collected \$ _____

Other Income(funds from non members/guests) _____ Collected \$ _____

Explanation of overages/shortage must be attached. **(B) Total Revenue \$ _____**
 (Forward to SCEA Office or applied to total expense of event)

Advanced SCEA Funds - Input (A) \$ _____

Revenue Total - Input (B) \$ _____

Expense Total - Output (C) \$ _____

Total Event Expenditures (A + B - C) = \$ _____ **(D) Leftover Funds? \$ _____**
(Credited to Stores' SCEA account for future use)

(If applicable ~ attach)

Form 120-Pick Up and Correction Form(s) Expenditures purchase (at retail) \$ _____

****Send this Report, all Receipts, all Sign Up sheets, all Activity Waiver forms, all F-120 (Pick Up and Correction Forms), any "Leftover Funds", and all other supporting documentations to SCEA Office – Portland Division within two weeks after the event. No Exceptions!**

This Report is submitted by the SCEA Advisor and has been reviewed by the Store Manager/ASM. Two signatures are required prior to submitting to SCEA Office and Coordinator.

Signature of Advisor/Other preparing this report: _____

Print Store Manager or ASM Name: _____

Signature of Store Manager or ASM Name: _____