

DISTRICT 90 AREA AND DIVISION CONTEST BUDGET/ACTUAL

Area/Division: _____

Event Organiser/Host Club: _____

Contest Date: _____

Contest Venue: _____

Submit budget at least **28 days prior** to the contest.

If you are completing this form on paper, fill in **all** the boxes.

If you are filling this form online, fill in the **white** boxes only. Excel will fill out the rest.

Once completed, print the form. The form is to be signed by the Area Director and the host Club President and sent to the Contest Budgets Officer - budgets@d90toastmasters.org.au

When contest is complete, please fill in all the actual financial details - send to the host Club President, Area or Division Director and the Contest Budgets Officer.

INCOME

		Budget	Actual
Amount you will charge per guest	\$		
Number of paying guests	_____ people @	\$ _____ each =	
Contributions from clubs (attach minutes or acknowledgement from each Club President)		\$	
Other income eg donations (do not include raffle in budget column but add in actual column)	_____	\$	
Total Income (A)		\$ _____	\$ _____

CATERING EXPENSE

Budgeted cost to charge per head	_____		
Number of paying guests	0	people @ \$ _____ each =	
Number of NON-paying guests			
Contestants	_____	people @ \$ _____ each =	
Judges-optional to pay	_____	people @ \$ _____ each =	
Chief Judge-opt to pay	_____	people @ \$ _____ each =	
Sound team	_____	people @ \$ _____ each =	
Test Speaker	_____	people @ \$ _____ each =	
District Director	_____	people @ \$ _____ each =	
Self Catering Use ONLY if catering is a fixed cost irrespective of number of guests attending		\$	
Total Catering Expense (B)		\$ _____	\$ _____

OTHER EXPENDITURE

Trophies (purchase from Toastmasters Supplies Australia)	\$	
Engraving	\$	
Room Hire	\$	
Equipment Hire	\$	
Gifts/Thank You cards	\$	
Printing	\$	
Certificates and Contest Forms (free download from Toastmasters International)	\$	
Certificate Holders (purchase from Toastmasters Supplies Australia)	\$	
Other (specify) _____	\$	
Total Other Expenditure (C)	\$ _____	\$ _____
Total Expenditure (B+C)	\$ _____	\$ _____
FUNCTION SURPLUS/LOSS (A - B - C)	\$ _____	\$ _____

Excel colours this total red if the figure shows a loss.

This budgeted figure must be a surplus (**\$1 to \$50**) for the budget to be approved

If the contest results in a deficit, reimbursement will only be made if the budget has been approved.

Area/Division Director (name, signature & date)

Event Organiser (name, signature & date)

Name _____
Signature _____
Date _____

Name _____
Signature _____
Date _____

Note 1: Either sign form and scan, or type name in signature cell, and attach to an email.

Note 2: Actuals to be submitted within 2 weeks of contest taking place.