

STATE COUNCIL HOST COMMITTEE REPORT FORM

District _____

Date _____

			<u>BUDGET</u>	<u>ACTUAL</u>
<u>INCOME</u>				
Saturday Night Banquet Ticket				
Budget _____ Tickets at \$ _____		A	_____	
Actual _____ Tickets at \$ _____		A		_____
<u>EXPENSES</u>				
Dinner Tickets Budget _____ Tickets at \$ _____			_____	
Dinner Tickets Actual _____ Tickets at \$ _____				_____
Budget				
International President			_____	
Past International President			_____	
International Director			_____	
Latest Past International Director			_____	
Keynote Speaker			_____	
Budget and Actual				
Programs			_____	_____
Gifts for speaker			_____	_____
Table centerpieces			_____	_____
Other Items (Please list)			_____	_____
_____			_____	_____
_____			_____	_____
_____			_____	_____
Total Expenses		B	_____	_____
Total Profit (Loss) - A minus B			_____	_____

In the budget column, A minus B should equal zero (0)

In the actual column, A minus B should equal zero, if everything works out okay, or show a profit or loss depending on the circumstances.

Non-financial items:

 Number of rooms (meeting and meals) _____

 Number attending the Saturday Banquet _____

 Any other items the chairperson feels that is pertinent to improve future State Council Meeting. Use separate sheet.

This form is due 30 days after the State Council Meeting and is to be sent to the State Office