

Youth and Young Adult Ministry
POST EVENT PROFILE
Financial Report

Deanery: _____

Date of Event: _____

Event Coordinator: _____

Budget for Event: \$ _____ Total Cost of Event: \$ _____

Event Finance Details

EXPENDITURES:

Administrative (non-personnel, ie. Non food supplies)..... \$ _____

Administrative (personnel, ie. Stipends, musician fees, speakers,etc) \$ _____

Location Fee/Cost..... \$ _____

Food and Beverages..... \$ _____

Event Supplies..... \$ _____

Transportation..... \$ _____

Other (please specify).....\$ _____

TOTAL \$ _____

INCOME:

Registration/Application Fees.....\$ _____

Donations.....\$ _____

Other (please specify)_____

\$ _____

TOTAL \$ _____

Submit completed form to:

Mary Cobiella
The Diocese of Southeast Florida
525 NE 15th Street
Miami, FL 33132

mary@diosef.org