



Program/Ministry RECAP

Ministry: _____

Contact Person: _____

Program Name: _____

Estimated Number of Attendees: _____

Actual Number of Attendees: _____

	<u>Estimated Income:</u>	<u>Actual Income:</u>
Registration Fees:	_____	_____
Estimated Donations:	_____	_____
Other Income:	_____	_____
Total Income:	_____	_____

	<u>Estimated Expenses:</u>	<u>Actual Expenses:</u>
Equipment Rental:	_____	_____
Helium:	_____	_____
Publicity cost:	_____	_____
Gift/Faith at Home Resource:	_____	_____
Speaker fee:	_____	_____
Speaker transportation costs:	_____	_____
Core Team Costs:	_____	_____
Appreciation Gifts:	_____	_____
Books/Texts Costs:	_____	_____
Media Costs:	_____	_____
Periodicals:	_____	_____
Licenses/Memberships:	_____	_____
Babysitting Costs:	_____	_____
Retreats:	_____	_____
Supplies:	_____	_____
Printing Costs:	_____	_____
Postage:	_____	_____
Hospitality:	_____	_____
Decorations:	_____	_____
Wages:	_____	_____
Other:	_____	_____
Total Expenses:	_____	_____

Total income: _____

Total expenses: _____

Net Income/Expense: _____