

Sports Club Budget Request

Year _____

PLEASE TYPE OR PRINT CLEARLY

Name of Organization _____

President _____ Phone _____

Treasure _____ Phone _____

Faculty/Staff advisor _____ Phone _____

Number of members actively enrolled _____

Membership dues per term \$ _____ Per Year \$ _____

Estimated year end balance..... \$ _____

Budget Summary

Please use this section to summarize information reported in the **ITEMIZED BUDGET REPORT**

I. EXPENSES

Budget Committee use only:

A. Office Expenses	\$ _____	_____
B. Advertising	\$ _____	_____
C. Transportation	\$ _____	_____
D. Room	\$ _____	_____
E. Entry Fees	\$ _____	_____
F. Equipment	\$ _____	_____
G. Facilities	\$ _____	_____
H. Affiliation Dues	\$ _____	_____
I. Officials	\$ _____	_____
J. Workshops, clinics, etc.	\$ _____	_____
K. Expenses of money-making projects	\$ _____	_____
Total Expenses.....	\$ _____	_____

II. PLANNED INCOME

Budget Committee use only:

A. Membership dues \$ _____

B. Donations \$ _____

C. Money-making income \$ _____

D. Other \$ _____

TOTAL PLANNED INCOME \$ _____

II. TOTAL REQUEST

(Expenses-Income)..... \$ _____

ITEMIZED BUDGET REPORT

Please summarize the information reported below on the BUDGET SUMMARY

I. Expenses

A. Office Expenses (copying, postage, phone calls, etc.)

Item _____ cost \$ _____

Item _____ cost \$ _____

B. Advertising (newspaper ads, posters, etc.)

Item _____ cost \$ _____

Item _____ cost \$ _____

C. Transportation (visit <http://window.state.tx.us/comptrol/texastra.html> for mileage rates)

Where _____ When _____ # of days _____ # of people _____
of vehicles _____ mileage _____ cost \$ _____

Where _____ When _____ # of days _____ # of people _____
of vehicles _____ mileage _____ cost \$ _____

D. Room

Where _____ When _____ # of days _____ # of people _____
of nights _____ cost \$ _____

Where _____ When _____ # of days _____ # of people _____
of nights _____ cost \$ _____

E. Entry Fees

Where _____ When _____ # of teams _____ cost/team _____
..... cost \$ _____

Where _____ When _____ # of teams _____ cost/team _____
..... cost \$ _____

F. Equipment

List equipment the club needs to purchase. Do not include equipment to be purchased for resale.

<u>Quantity</u>	<u>Item</u>	<u>Unit Price</u>	<u>Total Price</u>
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G. Facilities

Place _____ date _____ cost \$ _____

Place _____ date _____ cost \$ _____

H. Affiliation dues (local, regional, national):

Name _____ cost \$ _____

Name _____ cost \$ _____

Name _____ cost \$ _____

I. Officials

Date _____ # of officials _____ cost/official \$ _____ total cost \$ _____

Date _____ # of officials _____ cost/official \$ _____ total cost \$ _____

Date _____ # of officials _____ cost/official \$ _____ total cost \$ _____

J. Workshops, clinics, etc.

Date _____ name _____ cost \$ _____

Date _____ name _____ cost \$ _____

Date _____ name _____ cost \$ _____

K. Miscellaneous

Item _____ cost \$ _____

Item _____ cost \$ _____

L. Money-making project expenses (please list all event costs):

Date	Event (or items to be sold)	Cost
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1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

II. PLANNED INCOME

A. Dues - # of expected members _____ x dues _____ = \$ _____

B. Donations (anticipated) \$ _____

C. Money-making income (please list):

Date	event (or items sold)	cost
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1. _____	_____	\$ _____
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2. _____	_____	\$ _____
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3. _____	_____	\$ _____
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D. Other Income – please explain:

Item _____	amount \$ _____
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Item _____	amount \$ _____
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Item _____	amount \$ _____
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THANK YOU!