CARRIAGE HILLS COMMUNITY IMPROVEMENT ASSOCIATION, INC.

3500 WEST DAVIS, STE 190 --- CONROE, TX 77304 PHONE: 936-756-0032 FAX: 936-756-0023

COMMITTEE/SPECIAL ACTIVITY PROPOSED BUDGET/ACTUAL BUDGET REPORT

COMMITTEE OR SPECIAL EVENT:_____ EVENT DATE:_____

CHAIRPERSON:_____ PHONE NO.:_____

INSTRUCTIONS

This form is intended to serve a multipurpose. It will assist the Finance Committee and the Board of Directors in establishing the annual Budget and will serve to record histories of previous and future Community activities for planning purposes. The more detailed the information is the easier it will be for Activity and Committee Chairs to plan for the future.

Please list items on separate lines, i.e. meat, chicken, bread, condiments, etc. Use more than one sheet if necessary. Don't forget to include any advertising, postage or copying, if was done in support of the activity or Committee.

Committee Chairs will be requested to complete this form prior to the Finance Committee meeting to develop the Annual Budget, estimating expenses for the upcoming year. Activity Chairs should utilize this form in the planning stages of their activity to had an idea of what the activity will cost and what is needed in the way of income to cover the costs of expenses, and what they want to accomplish if this is to be a fund raising activity.

INCOME BY TYPE DONATIONS: (LIST CONTRIBUTORS)	ESTIMATED INCOME	ACTUAL INCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS	_____	_____
INCOME FROM TICKET SALES: (i.e. FOOD, RAFFLE, ATTENDANCE ETC.) LIST:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS	_____	_____
TOTAL INCOME	_____	

EXPENSES ITEMIZES TYPE (E.I. MEAT, CONDIMENTS)	ESTIMATED EXPENSES	ACTUAL EXPENSES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
RENTALS: (LIST EACH AND DESCRIBE)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL EXPENSES:	_____	_____

ACTIVITY/COMMITTEE CHAIR SIGNATURE: _____ DATE SUBMITTED _____

PROFIT OR (LOSS)
(DEDUCT TOTAL EXPENSES)
(FROM TOTAL INCOME) $_____ $_____