

**RPMC EVENT REQUISITION
AND BUDGET FORM**

This event is sponsored by RPMC, Branch _____

Event Name: _____

Event Coordinator: _____

Event Date: _____

Event Location: _____

INCOME:

Host Committee Fee: _____

Ticket Cost: _____ Attendance (estimated): _____

Estimated Income: \$ _____

If any In-Kind Donations are received Complete Name & address must also be submitted.

Expenses:

Invitation: _____

Postage: _____

Second Mailing: _____

Hall Rental: _____

Decorations: _____

Speaker Fees: _____

Food: _____

Beverages: _____

Awards: _____

Name Tags: _____

Estimated Expenses: \$ _____

Net Profit: \$ _____

Branch Chairman Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Date presented to RPMC Executive Committee: _____

Approved ___ Disapproved ___ Approved with the following changes: