

Print out and sign this form and mail to the CARL Treasurer. Include receipts for reimbursement.

CARL Program Planning Manual, Appendix D2



PROGRAM FINANCIAL SUMMARY FORM

Event/Title: _____

Date of Event: _____

Sponsoring Group: _____

PROGRAM INCOME

No. of Attendees		Registration fee	Total Income
_____	CARL members	X _____	= _____
_____	Non-CARL	XX _____	= _____
_____	Students	X _____	= _____
_____	Other	X _____	= _____
_____	Total registered	Total program revenue	\$ _____

PROGRAM COSTS

- Postage/ mailing _____
- Printing _____
- Room charges _____
- Refreshments _____
- Speakers' meals _____

Honoraria _____
Speakers' travel _____
Office supplies _____
Other (specify) _____
Total program costs _____
Balance _____

Summary prepared by: _____ Date: _____

Please sign and mail this form to the CARL Treasurer within 2 weeks after your program.