



BUDGET FORM

(NON- ANNUAL CONFERENCE PROGRAMS)

CONNECTICUT LIBRARY ASSOCIATION

P. O. Box 75 Middletown, CT 06457 Phone: (860) 346-2444 Fax: (860) 344-9199

YEAR OF 2010-2011

COMMITTEE/SECTION: _____ DATE: _____

INCOME			
LINE-ITEM	ESTIMATE	ACTUAL	TO CLA OFFICE
Number of expected attendees:			CASH:
Registration fees:			\$
Member:			
Non-member			CHECK:
others			\$
Donations:			
Other Income:			OTHER:
TOTAL INCOME:			
EXPENSES			
LINE-ITEM	REQUESTED BUDGET	APPROVED BUDGET	ACTUAL
Professional fees & services:			
Honorariums			
Travel			
Meal			
Others			
Program related expenses:			
Contracted services:			
*Catering, refreshments			
Others:			
TOTAL EXPENSES:			
GRAND TOTAL:			

Additional Information: please indicate if deposit for catering is needed \$ _____

Chair person's signature: _____

Printed Name: _____

Phone Number: _____

Email Address: _____

RETURN THIS FORM TO CLA TREASURER: Alison Wang

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