

**HOT SPRINGS TRAVEL TOURISM
POST EVENT BUDGET REPORT**

Event: _____
 Contact: _____
 Email: _____
 Event Date: _____

This form MUST be completed to receive reimbursement. This form must be returned to Hot Springs Travel & Tourism no later than 60 days after the event. Attach copies of all advertising available for advertising paid for by Hot Springs Travel & Tourism.

Revenue	Current Year Budget	Current Year Actual	Requested for Reimbursement
Carryover Balance			
Hot Springs Travel & Tourism			\$ -
Donations			
Participant Entry Fees			
Other (Please List)			
Total Revenue	\$ -	\$ -	\$ -

Expenses (Itemize by vendor)			
Advertising			
Television			
Web Site Hosting/ Maintenance			
Radio			
Newspaper/Magazine			
Social Media			
Totals	\$ -	\$ -	\$ -
Other Event Expenses (List ALL)			
Totals	\$ -	\$ -	
Total Expenses	\$ -	\$ -	
Profit/Loss	\$ -	\$ -	\$ -