



BUDGET FORM

(NON- ANNUAL CONFERENCE PROGRAMS)

CONNECTICUT LIBRARY ASSOCIATION

234 Court Street Middletown, CT 06457 Phone: (860) 346-2444 Fax: (860) 344-9199

YEAR OF 2012-2013

RETURN THIS FORM TO CLA TREASURER: Christina Baum. Phone: (203) 392-5760 | Fax: (203) 392-5740 | [Baumc1@southernct.edu](mailto:Baumc1@southernct.edu)

COMMITTEE/SECTION: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>INCOME</b>		
LINE-ITEM	ACTUAL 2011/2012	ESTIMATE 2012/2013
<b>Number of expected attendees:</b>		
<b>Registration fees:</b>		
Member:		
Non-member		
others		
<b>Donations:</b>		
<b>Other Income:</b>		
<b>TOTAL INCOME:</b>		
<b>EXPENSES</b>		
LINE-ITEM	ACTUAL 2011/2012	ESTIMATE 2012/2013
<b>Professional fees &amp; services:</b>		
Honorariums		
Travel		
Meal		
Others		
<b>Program related expenses:</b>		
<b>Contracted services:</b>	(Please indicate if deposit for catering is needed \$ _____)	
*Catering, refreshments		
<b>Others:</b>		
<b>TOTAL EXPENSES:</b>		
<b>(NET INCOME) GRAND TOTAL:</b>		

Chair person's signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_