



ILLINOIS ASSOCIATION FOR GIFTED CHILDREN
 800 E. NORTHWEST HIGHWAY, SUITE 610
 PALATINE, IL 60074
 847-963-1892 (PHONE)
 847-963-1893 (FAX)

IAGC Budget for Professional Development Events Form

Event Title: _____

Date(s): _____

Grants or other **income**: _____

Expenses:

| | | | |
|---------------|-------|----------------------------------|-------|
| Honorarium | _____ | Supplies | _____ |
| Travel- | | Materials | _____ |
| Air | _____ | Staff time | _____ |
| Mileage | _____ | Books, flash drive, etc. | _____ |
| Tolls | _____ | Total Expected Expenses | _____ |
| Parking | _____ | | |
| Meals | _____ | | |
| Hotel | _____ | | |
| Location | | Cost: | _____ |
| Room | _____ | Divide total cost by # expected | |
| Janitorial | _____ | + \$50 = \$\$ | _____ |
| Equipment | _____ | <u>Expected Expense</u> | |
| Food/Beverage | _____ | Number of anticipated attendees | |
| Office | | Number needed for event to occur | _____ |
| Printing | _____ | | |
| Postage | _____ | | |