

GROUP OR COMMITTEE BUDGET

Group or Committee Name: _____

For the Fiscal Year _____ to _____

INCOME:	
1.	
2.	
3.	
4.	
5.	
TOTAL INCOME	

EXPENSES:	
1.	
2.	
3.	
4.	
5.	
TOTAL EXPENSES	

TOTAL PROFIT/(LOSS)	
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