

Function Report

Name of Function: _____

Date _____

Chairperson(s) _____

No. of Guests _____

	Expenses	Income
Rent	_____	
Insurance	_____	
DJ	_____	
Food	_____	
Supplies	_____	
Server	_____	
Server's Tip	_____	
Miscellaneous	_____	
Cash & Checks	_____	_____
Raffles	_____	_____
Total Expenses		Total Income _____
		Net Profit _____