



LOFT Revenue and Expense Form

Name: _____

Event or Expense: _____

Date: _____ Phone: _____

Projected Budget Revenue \$ _____

Indicate Vendor, Check # or Cash	Revenue	Expense
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount for Deposit: \$ _____

Total Reimbursable Expense: \$ _____

<p>_____ Chairperson Signature</p> <p>_____ Date</p> <p><i>This form is due within 30 days of the event.</i></p>	<p>Check Number: _____</p> <p>Date Reimbursed: _____</p> <p>Amount Deposited: _____</p> <p>Date Deposited: _____</p>
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