EVENT "y) 8-u "@emiz costs and expected revenue from NFFRE s

ed activities

Complete this form using guidelines on allowable expenses. Submit with any associated document(s) to: NFFREADMIN@va.gov.



EVENT SUMMARY

Date of Event:	Date of Submission:	Expected # or	f Participants:	Expected # of Exhi	bitors:
Organizer:		Event Name:			

FUNDING SOURCE REVENUE

Name of Funding Source *Submit a written copy of restrictions or expectations stipulated by the funding source, If any* **If source is a NFFRE account, list full account number **	Funding Source Type *Select one*	*If applicable, list current balance of NFFRE account*	NFFRE use only COMMENTS
T 1			
Total			

EVENT REGISTRATION REVENUE

*complete this section and attach calculation used to determine registration fee, if applicable.

		NFFRE use only		
	Number of People	Per Person Fee	Per Person Subtotal	COMMENTS
VA				
Non-VA				
Total expected revenue:				

EVENT COST ESTIMATE

Category	Per Person Cost	Number of People	Category Subtotal	Name of Funding S	ource(s)	NFFRE use only COMMENTS
Advertisingfor entire ever	nt					
Conference Suppliesfor er						
Education Materialsfor e	ntire event					
Equipment Rentalfor enitr	e event					
Facility Rentalfor entire e	vent					
Printingfor entire event						
Insurancefor entire event.						
Speaker: Honorarium						
Meals						
Hotel						
Transportation						
Other						
	Sp	peaker Subtotal:				
Meals: Breakfast						
Breaks						
Lunch						
Dinner						
Gratuity/Service Charge						
Wait staff						
		Meals Subtotal:				
Other:						
Other:						
		Initial Subtotal:				
NFFR	E Indirect Cost	· ·o				
. 7	otal Event Co	ost Estimate:				
Total Event Expected Revenue:						
Total Residuals:						
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				NFFRE Executive Director Determination		
				Approved	Denied	
				, ,pp10vcu	Demed	
						Date:
				Signature		