



ILLINOIS ASSOCIATION FOR GIFTED CHILDREN
 1500 SULLIVAN ROAD
 AURORA, IL 60506
 630.907.5047 (PHONE)

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	_____		